



Winter
CLINICAL DERMATOLOGY
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FAIRMONT ORCHID • KOHALA COAST, HAWAII • JANUARY 13-18, 2017

60 Tips in 60 Minutes



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Scott Dinehart, MD Chair
Theodore Rosen, MD
M. Shane Chapman, MD MBA
Boni Elewski, MD
Robert Brodell, MD
Clifford Lober, MD JD



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Round 1




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Scott Dinehart, MD

In the United States, more Google searches occur on mobile devices than on personal computers

Google, 2015

Tip: The phone number on your website should be “click to call”




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Theodore Rosen, MD

Clinical Tips: Acne, Psoriasis, Eczema, Office Management

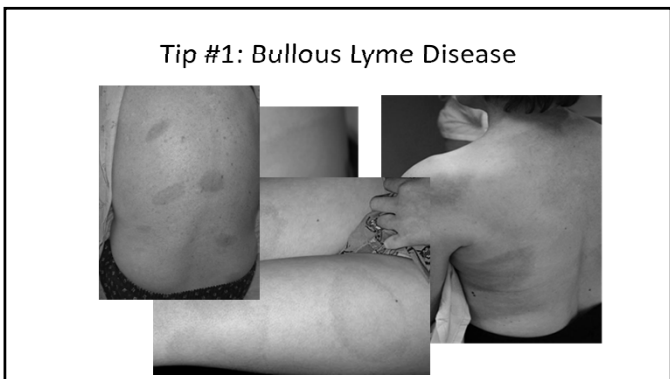
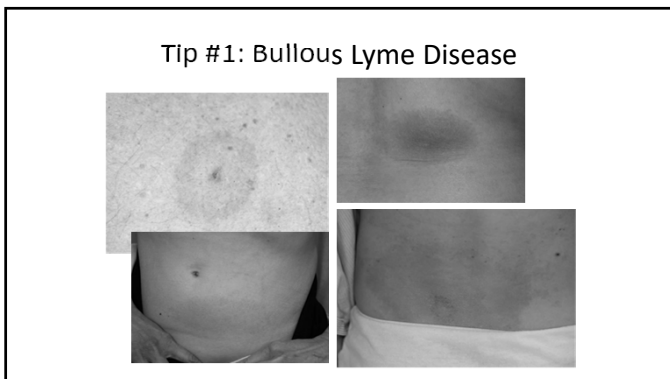
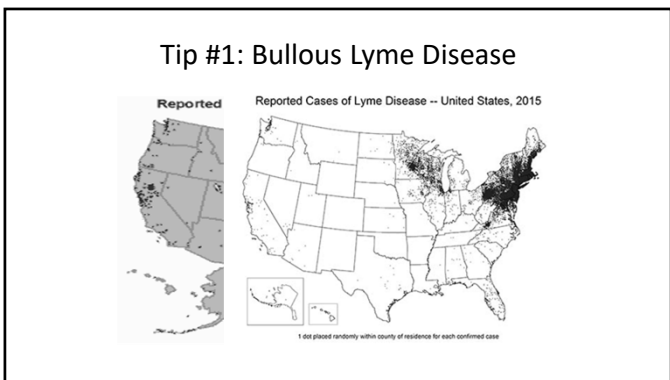
- **OFFICE MANAGEMENT**
- Use work to supervise work
- The act of doing something should initiate a worker's action, obviating the need for a reminder from you or others
- **FOR EXAMPLE:** Line cart, drawer, cabinet shelf with colored paper with notation what was stored there. Exposing the colored paper is a visual reminder to immediately restock the item, no matter who exposed the paper



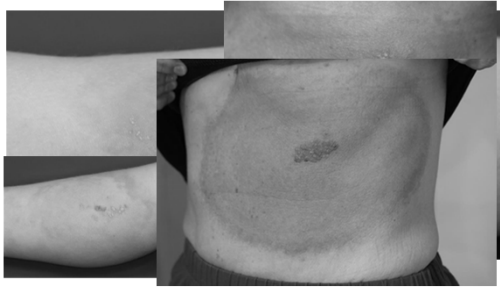


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M. Shane Chapman, MD MBA

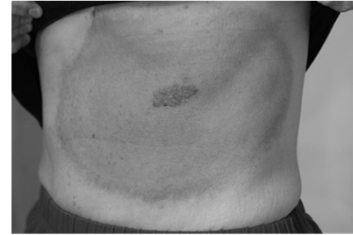


Tip #1: Bullous Lyme Disease



Tip #1: Bullous Lyme Disease

J. Am. Acad. Dermatol. 2014; 71(4):e123-4. doi: 10.1016/j.jaad.2014.04.036.
Bullous Lyme disease.
 Title list, full-text PDF, CitedView, PDF
 © Author Information
 PMID: 24718731 DOI: 10.1016/j.jaad.2014.04.036



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Boni Elewski, MD

TIP #1 Disappearing Digit

- When treating nail psoriasis- Avoid topical steroids to nails for prolonged time periods
- May result in "Disappearing Digits"
- This may occur in fingernails or toenails

Distal Phalangeal Atrophy: Disappearing Digit

- First report in a 62 yo woman who applied .05% fluocinonide ointment 4x per day for one month
- Fingertip resembled sharpened pencil
- No Hx of Raynauds or collagen vascular disorders
- X-Ray confirmed digit atrophy

Deffer, T. et al. Arch Dermatol 1987;123:571-2



Courtesy J. André, Brussels

DISAPPEARING DIGIT



12 year old girl with parakeratosis pustulosa on clobetasol

To Avoid Disappearing Digits

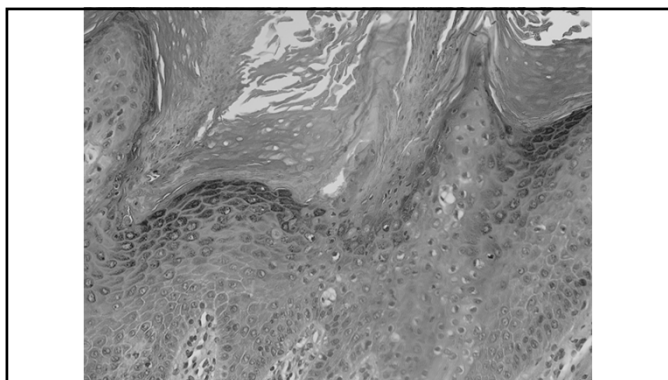
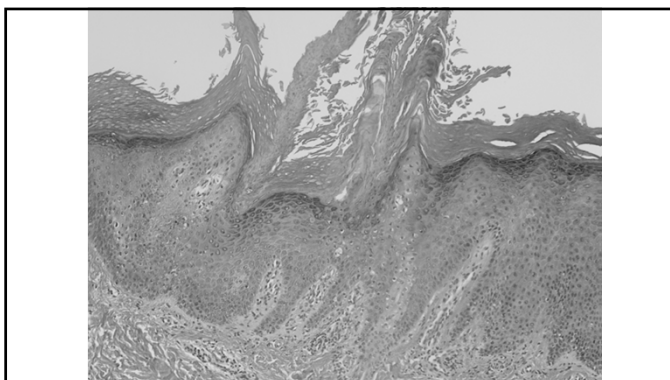
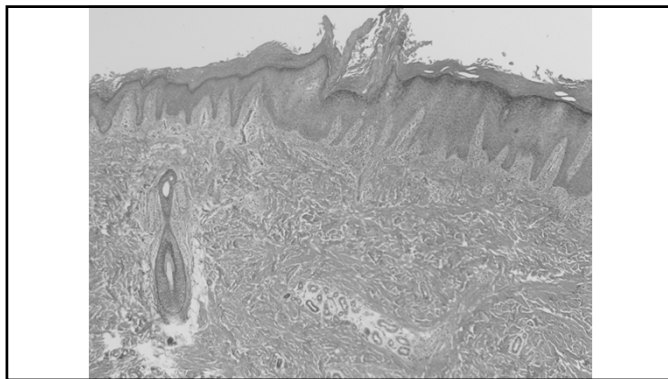
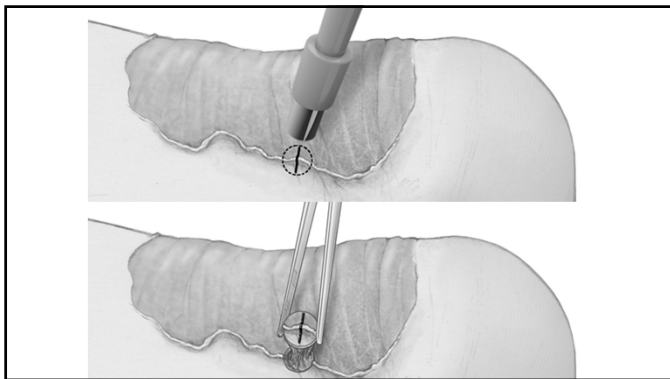
- Alternate topical steroids with Vitamin D ointments "rotational therapy" to avoid continuous topical steroid application
- Use lower potency topical steroids on nails or avoid them altogether

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Robert Brodell, MD

What is the best way to biopsy this patient to make the diagnosis every time?





Reference

- Reed C; R Reddy, RT Brodell. Diagnosing Porokeratosis of Mibelli Every Time: A Novel Biopsy Technique to Maximize Histopathologic Confirmation. *Cutis*. 2016 March;97(3):188-190.

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Clifford Lober, MD JD

MIPS “Pick Your Pace”

- You can (1) “test the program”, (2) submit for part of the year, (3) submit for all of the year, (4) be a qualified provider in an advanced APM, or (5) submit nothing.
- If you do nothing else, you are **very** strongly urged to submit at least one quality measure, one improvement measure, or the required base advancing care information measures to avoid a 4% reduction in Medicare payments in 2019.

Currents, January/February 2017

MIPS - Improvement Activities

- Practitioners in practices with 15 or fewer clinicians, those in rural or underserved areas, and non-patient facing clinicians will receive **double** the number of points for each activity!
- Solo dermatologists, for example, will need to complete only one “high” weight activity or two “medium” weight activities to get full credit in this category.
- Counts for 15% of composite performance score in 2019.

Currents, January/February 2017



Call patients on the evening of their surgery

When they answer, they capture your number **and in a month and they send you a picture of their friend's rash**

***67**

Patients may not answer if they see “unknown caller”

Doximetry Dialer App

A way for you to call patients using your cell phone, while displaying your office number.



Call patients from your phone. Choose the number that they see.

Doximetry Dialer App

Do

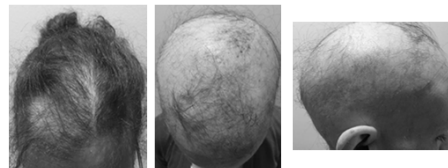
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Theodore Rosen, MD

Clinical Tips: Acne, Psoriasis, Eczema, Office Management

- Adalimumab widely used for PsO and PsA
- Did you know that it can cause alopecia which clinically and histologically can virtually precisely mimic alopecia areata? (Infliximab and Etanercept less often reported)
- 118 cases

35 yo with alopecia due to adalimumab



Open J Clin Med Case Rep 2016;2(9):1-7

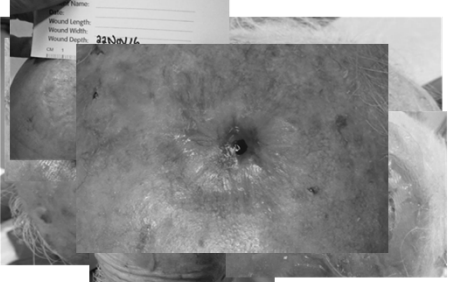


M. Shane Chapman, MD MBA


Tip 2: RED Light for surgical wound healing and stasis ulcers



Tip 2. RED Light for surgical wounds



Tip #2. RED Light for Atrophy Blanche

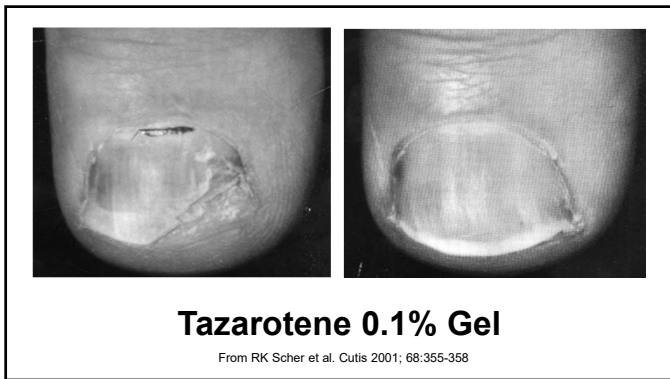




Boni Elewski, MD

TIP #2 Topical Nail Psoriasis Treatment

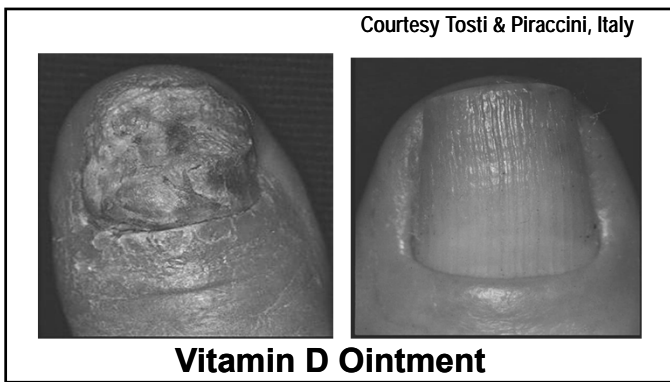
- Topical tazarotene can be used as topical treatment for nail psoriasis
- Can select cream or gel vehicle



TAZAROTENE GEL

- 0.1% GEL in 31 patients with pitting, onycholysis, subungual hyperkeratosis and other changes
- 24 week study applying drug under occlusion
- Tazarotene superior to vehicle at study conclusion for pitting and onycholysis

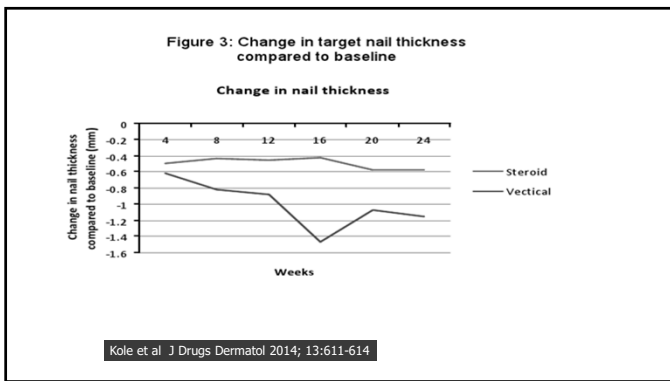
Cutis 2001; 68:355-358



CALCITRIOL OINTMENT

SUBUNGUAL HYPERKERATOSIS REDUCED SIGNIFICANTLY

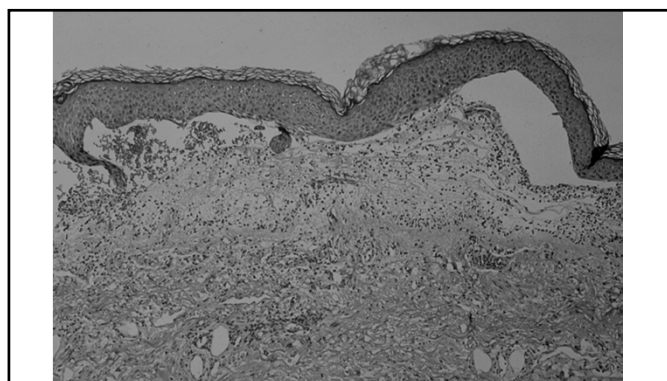
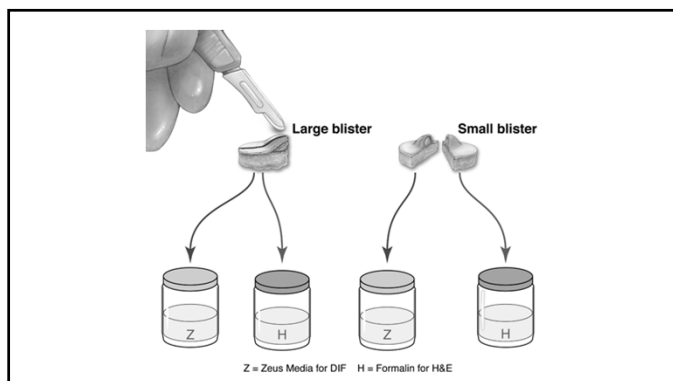
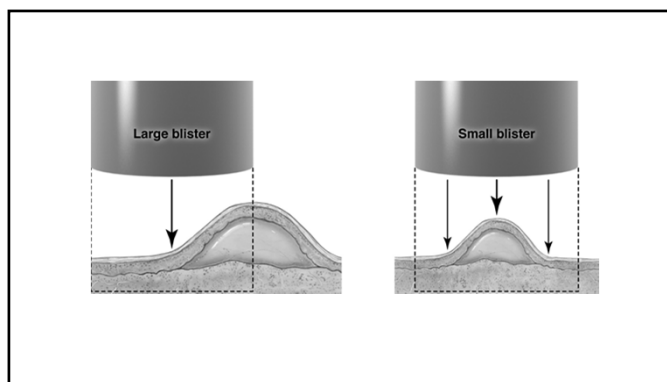
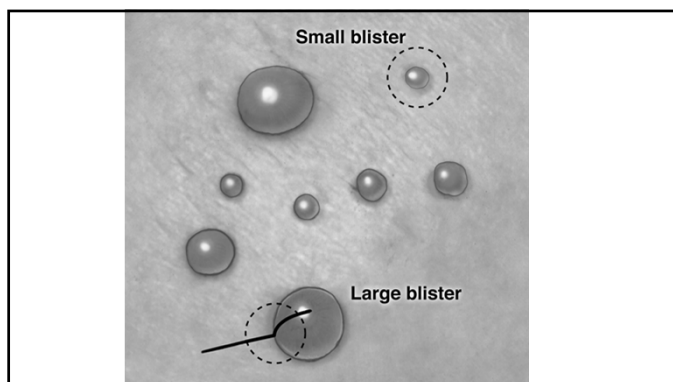
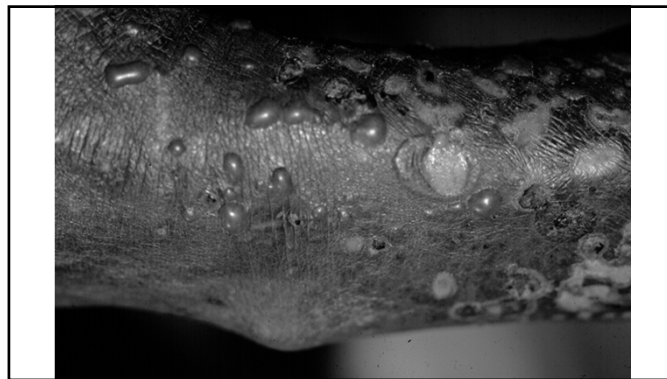
Vitamin D Ointment

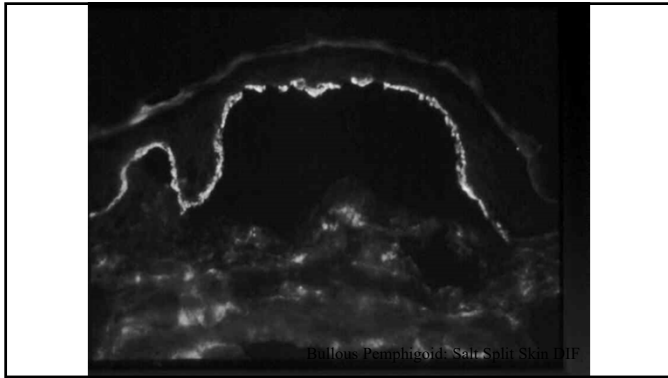


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Robert Brodell, MD

What is the best way to biopsy this patient to make the diagnosis every time?





Salt Split Skin Findings

- Roof: Bullous Pemphigoid (BP 180 and BP 230 antigens)
- Floor:
 - Anti-laminin BP
 - Acquired epidermolysis bullosa

DAINICHI T et al. Anti-p200 pemphigoid to anti-laminin y1 pemphigoid. The Journal of Dermatology 2010; 17 (3)Volume 37, Issue 3: 231-238.

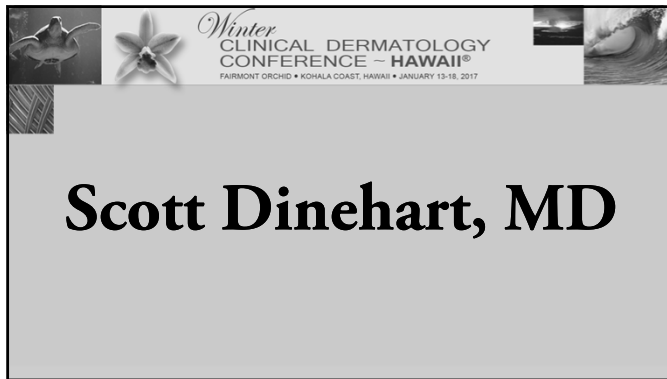
References

Braswell M, N Mc Cowan, J Schulmeier, RT Brodell, High Yield Biopsy Technique for Subepidermal Blisters. *Cutis*, 2015, 95:237-40.

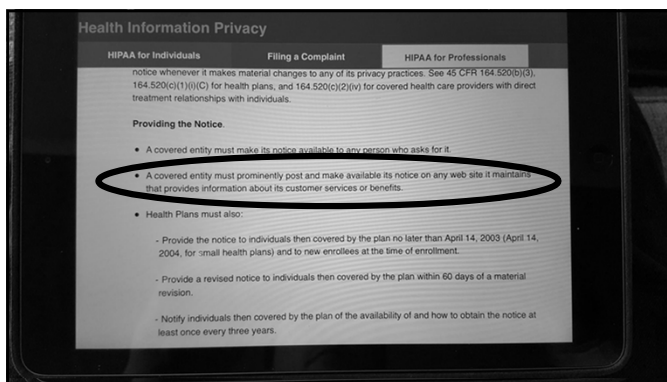
Loh E, AW Armstrong, MA Fung. Prebisection of a single skin biopsy does not produce technically inadequate specimens for direct immunofluorescence: a review of 3450 specimens. *J Cut Pathol* 2014; 41:890-892.

MACRA

- “The final rule contains so many changes from the proposed rule [on October 16, 2016] that anything written about MACRA prior to the release of the final rule may no longer be reliable and should be viewed with caution.”
- The best and most authoritative reference to use when deciding which measures to report is www.gpp.cms.gov.
Currents, January/February 2017

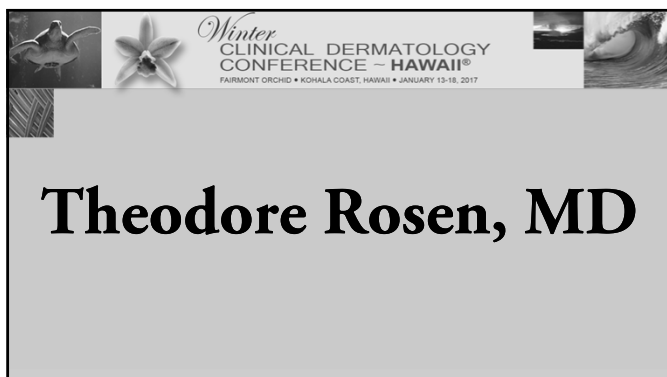


Post your HIPAA forms “prominently” on your web site



“A covered entity must prominently post and make available its notice on any web site it maintains that provides information about its customer services or benefits.”

<http://www.hhs.gov/hipaa/for-professionals/privacy/guidance/privacy-practices-for-protected-health-information/index.html>



Clinical Tips: Acne, Psoriasis, Eczema, Office Management

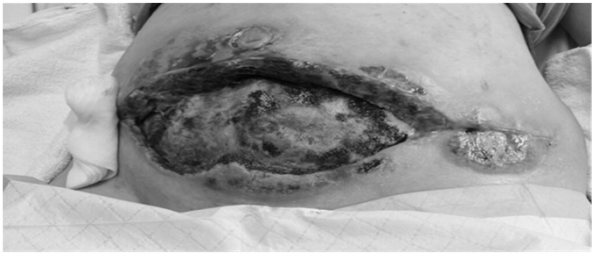
- **OFFICE MANAGEMENT**
- **A happy office is a productive office!**
- **Try to have some “fun”**
- **Once quarterly ice cream social**
- **Monthly birthday lunch: catered in**
- **International potluck lunch yearly**
- **Or.....**




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M. Shane Chapman, MD MBA


Tip #3: Post-Surgical Pyoderma Gangrenosum



Tip #3: Postoperative Pyoderma Gangrenosum

Mayo Clin Proc. 2016 Sep;91(9):1267-79. doi: 10.1016/j.mayocp.2016.05.001. Epub 2016 Jul 31.
Postoperative Pyoderma Gangrenosum: A Clinical Review of Published Cases.
Torkachov SN¹, Fahy AS², Geest FR³, Wetter DA¹, Cha SS⁴, Camilleri MJ⁵.
© Author information
Abstract
 Postoperative pyoderma gangrenosum (PG) is a neutrophilic dermatosis characterized by PG at surgical incisions. It is often misdiagnosed as wound infection, and pathology may complicate wound debridement. From September 1, 2013, through November 30, 2013, a literature search was conducted of articles published from January 1, 1978, through December 31, 2012. We referenced PubMed, MEDLINE, and Mayo Clinic Libraries using the keywords pyoderma gangrenosum, postoperative pyoderma gangrenosum, postsurgical pyoderma gangrenosum, superficial granulomatous pyoderma, pathergic pyoderma, and pyoderma gangrenosum associated with surgery, incision, breast, and wound dehiscence. In addition, all titles from PubMed with the words pyoderma gangrenosum were reviewed manually for postoperative cases. Of 136 patients, 90 (66%) did not have associated systemic diseases. If a comorbidity was present, hematologic disorders were most common. In addition, 29% (26) of women had predisposing disease vs 53% (19) of men. Women had more frequent breast involvement ($P < .001$); chest involvement was more common in men ($P = .005$). Girls and women aged 13 to 64 years had more frequent breast involvement ($P = .01$). Sites were distributed equally for men regardless of age ($P = .40$). Antibiotic drug therapy was begun and debridement occurred in 90% (110 of 122 treated patients) and 73% (90 of 123 available patients), respectively. Postoperative PG has less association with systemic disease than its nonpostoperative counterpart. Antibiotic drug therapy is routinely initiated. Affected sites are often debrided, causing additional wound breakdown. Early diagnosis may prevent complications.
Copyright © 2016 Mayo Foundation for Medical Education and Research. Published by Elsevier Inc. All rights reserved.
PMID: 27489052 DOI: 10.1016/j.mayocp.2016.05.001

Tip #3: Post-Surgical Pyoderma Gangrenosum



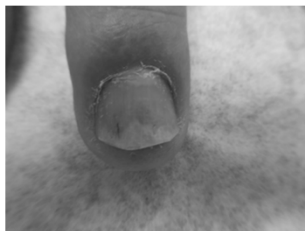
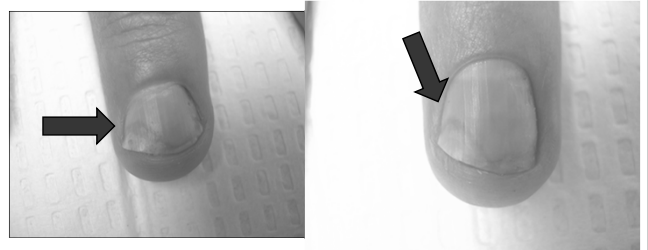

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Boni Elewski, MD

Tip #3 Fingernail onycholysis

- Fingernail onycholysis without toenail dystrophy unlikely to be onychomycosis
- Patients who present for abnormal fingernails- look at toenails!
- Abnormal fingernails with normal toenails may be nail psoriasis

Onycholysis with Red Border: Indicative of nail psoriasis

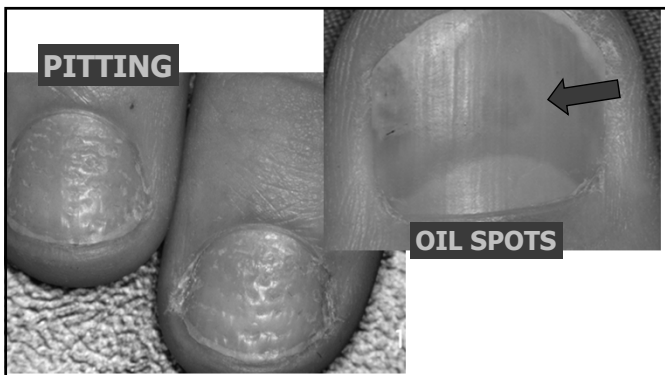


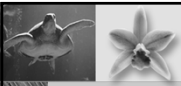
Look for the red border adjacent to onycholytic area

Clinical Features of Nail Psoriasis: Most Indicative

- Irregular pitting of the nail plate
- Salmon-colored patches or oil spots on the nail bed
- Onycholysis with erythematous borders

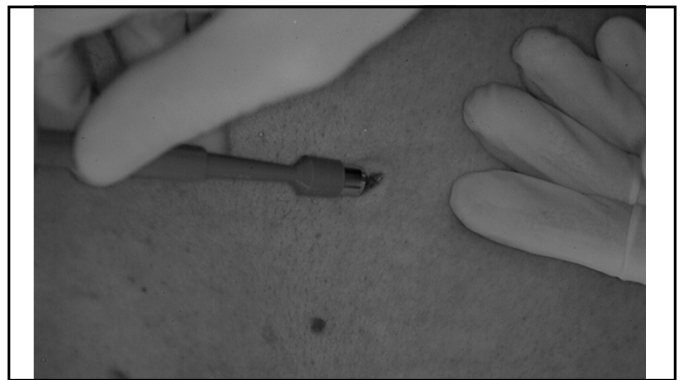
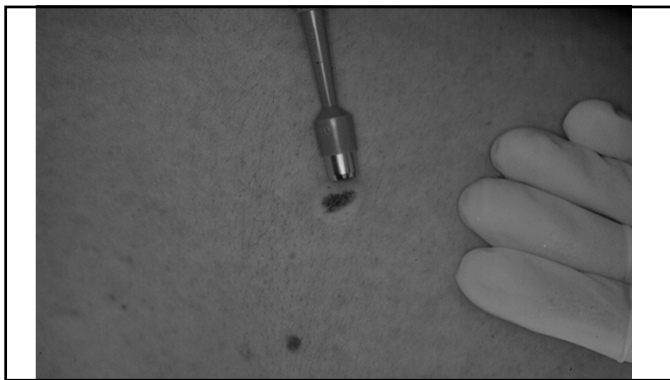
These signs are more common on fingernails

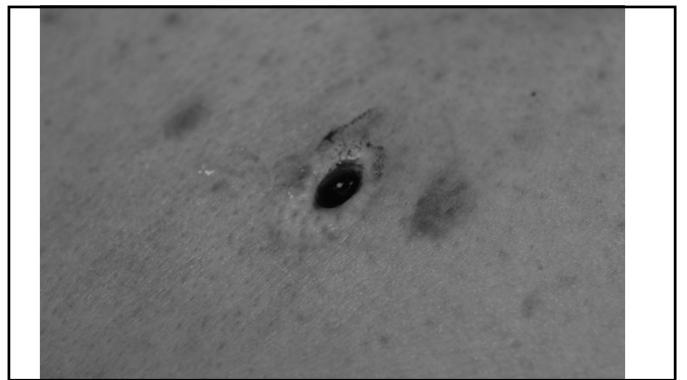
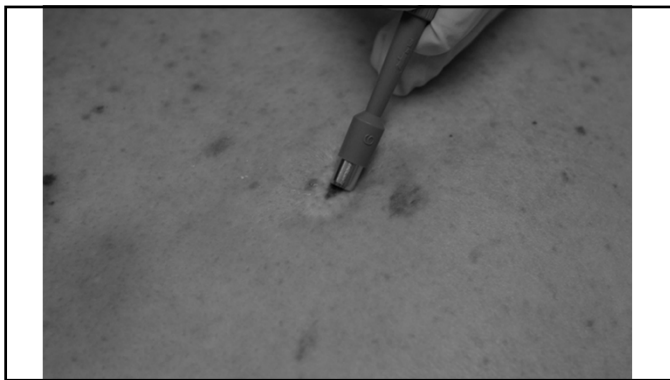
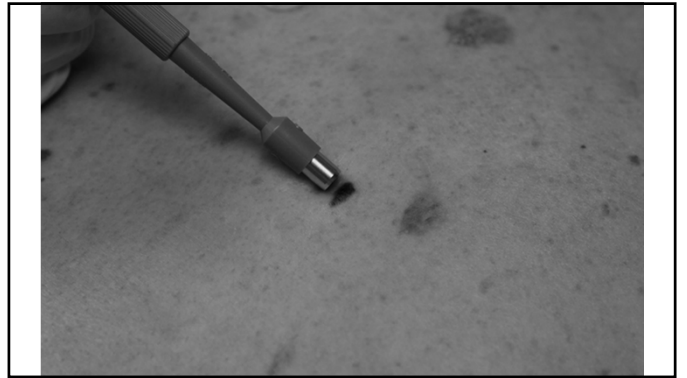
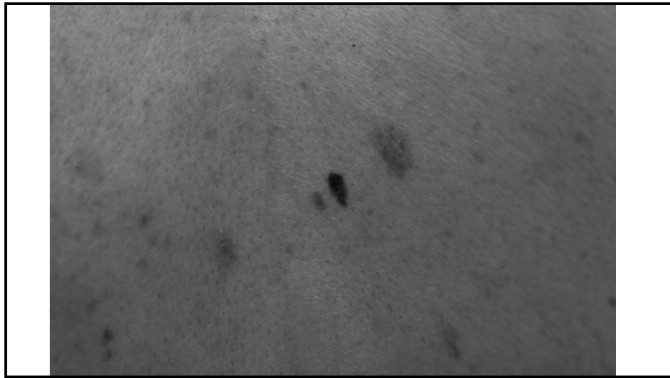



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Robert Brodell, MD


Is it possible to
remove a larger oval
lesion with a small
round punch?





Reference

Warino LA and RT Brodell. Surgical Pearl: Removal of large oval lesions with a smaller round punch. J Am Acad Dermatol. 2006 Sep;55(3):509-10.



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Clifford Lober, MD JD

Deductibles & Copayments

- “Routinely waiving deductibles or copayments for Medicare or other federal programs is a violation of federal law. It is considered a “kickback” to the patient and an inducement for them to seek more services.”
- “You can waive deductibles and copayments for truly indigent patients, but you should have reasonable, clearly articulated, predetermined, uniformly applied criteria for determining hardship and document, if possible, that patients receiving waivers meet these criteria.”

Dermatology World, June 2016



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Round 4



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Scott Dinehart, MD

Use topical beta blockers to enhance epidermal healing of wounds

Topical Timolol Maleate 0.5%

- Indicated for treatment of glaucoma
- Beta 1 and 2 (non-selective)
- Works for hemangiomas
- Utility of beta blockers first shown in burn victims
- Keratinocytes possess beta-adrenergic receptors



FULL TEXT ARTICLE
Successful treatment of a chronic venous leg ulcer using a topical beta-blocker
Research
 Hadar Lev-Tov MD, Sara Dable DPM, MPH, Joy Academy of Dermatology, Inc. Case Report/Case Series | THE CUTTING EDGE
 Journal of the American Academy of Dermatology, 2013
Topical Timolol for Recalcitrant Wounds
Kirsner, MD, PhD
Topical Timolol for a Refractory Wound
 JENNIFER C. TANG, BS, JACQUELYN DOSAL, MD, AND ROBERT S. KIRSNER, MD, PhD*
Topical 0.5% Timolol Heals a Recalcitrant Irradiated Surgical Scalp Wound
 A 76-year-old white man presented for Mohs surgery with a 5-year history of a 3-time recurrent, moderately differentiated squamous cell carcinoma on the left parietal and frontal scalp. An otolaryngologist twice excised the tumor within a span of 3 years, with each improved over the next 3 years patient diligently adhered to the routine. Poorly vascularized, fibrous tissue persisted over the central (Figure 3). There was no evidence

Topical Timolol Maleate 0.5%

- Speeds up keratinocyte migration
- Enhances electric field present within wounds (cells migrate to a negatively charged center)

\$4
 GENERIC PRESCRIPTIONS

4 DOLLAR DRUGS

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Theodore Rosen, MD

Clinical Tips: Acne, Psoriasis, Eczema, Office Management

- **ECZEMA**
- An important risk factor for persistent atopic dermatitis AND for increased severity when AD does persist into adult years is.....
- **SMOKING**
- Adolescent AD patients smoke
- Passive exposure AD children

TIP: STOP SMOKING

J Am Acad Dermatol 2016;75:1119-25


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M. Shane Chapman, MD MBA

Tip #4: Decrease Lab Monitoring

- 1. Isotretinoin
- 2. Biologics
- 3. Spironolactone

Laboratory Monitoring During Isotretinoin Therapy for Acne: A Systematic Review and Meta-analysis
 Lee YH, Schamitz TP, Muscat J, Chen A, Gupta-Elera G, Kirty JS
 JAMA Dermatol. 2016;152:35-44.

Oral isotretinoin is a highly effective treatment for nodulocystic acne; it has been prescribed for over four decades. The synthetic retinoid activates retinoic acid receptors on keratinocytes and sebocytes, yielding potent comedolysis while reducing sebum production. Unfortunately, the high efficacy of isotretinoin comes with the price of potentially severe side effects. These include potent teratogenicity, hepatotoxicity, hyperlipidemia, and pancytopenia.


COMMENT
 This study reassures us that abnormal laboratory findings occur but are rarely problematic. However, as a pediatric dermatologist, I have seen teenage males with sudden, unexplained increases in liver function tests that probably represent acute hepatitis with intake of protein supplements, exercise recovery products, large amounts of alcohol, or alcohol. Laboratory values normalized rapidly after discontinuation. Thus, until prospective studies are available, I will not abandon routine testing.


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Boni Elewski, MD

TIP #4...

- When approaching dystrophic toenails look at fingernails
- Specific findings of nail psoriasis more commonly seen in fingernails




TOENAILS in patient with PSA and ONLY nail involvement




- 45 year old man with long standing disabling arthritis
- Fingernails are dystrophic – Pits, crumbling, onycholysis
- Scalp has slight scale, but remaining skin is clear

Nail psoriasis and PSA

Nail Psoriasis

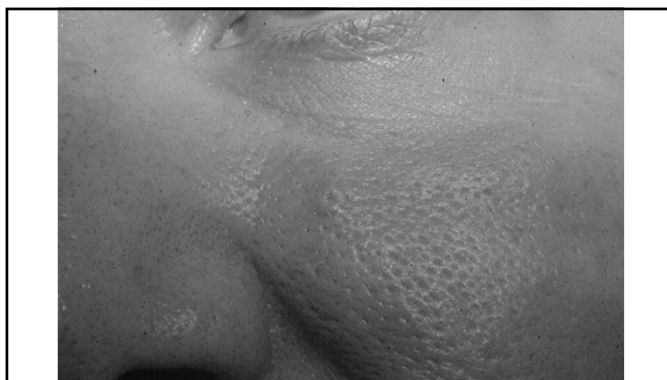
- 5% of patients with psoriasis have only disease in the nails
- A clinical clue would be joint pain, often the PIP or DIP joints



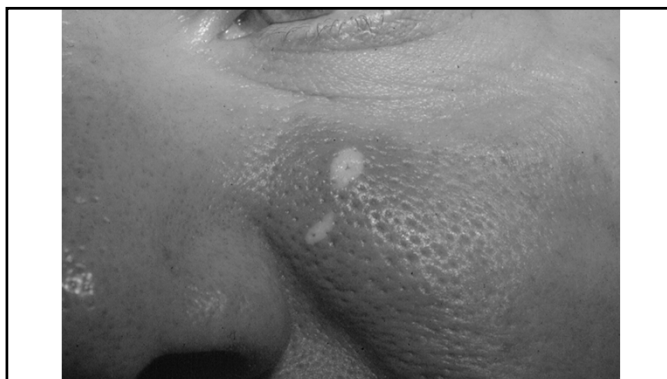
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Robert Brodell, MD

What is the best way
to treat this lesion?
Clue: Think pathology



Answer: 100%
dichloroacetic acid





- Quick
- Easy
- Reproducible
- No surgical skill required
- Inexpensive
- Pearl: Treat just one or two to start, especially in patients with dark skin

Rosian R., JB Goslen, and RT Brodell. "The treatment of benign sebaceous hyperplasia with the topical application of bichloroacetic acid." *The Journal of dermatologic surgery and oncology* 17.11 (1991): 876.

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Clifford Lober, MD JD

Independent Contractor or Employee

- "The fact that a contract describes an individual as an independent contractor does not make it so. The critical determination is whether the individual is really in business for himself or herself."
- "When a business determines when, where, and how a task is to be performed and/or provides the tools and supplies to do the work, an employer-employee relationship is suggested."

Dermatology World, April 2016

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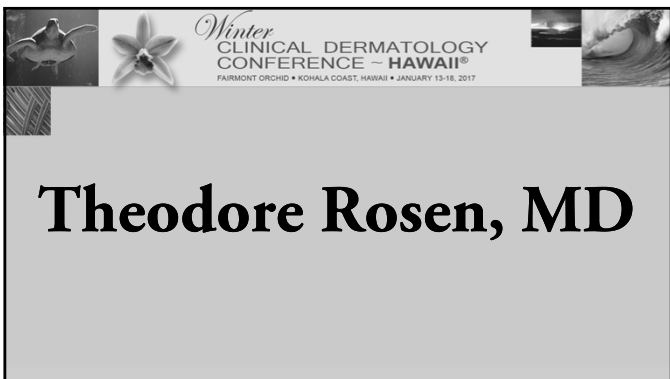
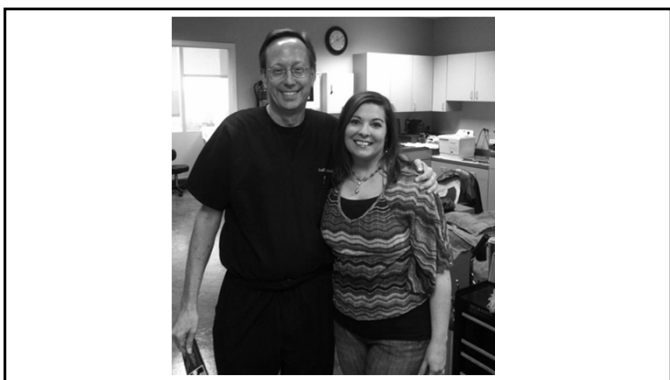
Round 5



“I wear black scrubs”

Scott Dinehart, MD

- Black Scrubs**
- Different
 - Don't show stains
 - Make you look “thinner”
 - No tie, no long sleeves



Clinical Tips: Acne, Psoriasis, Eczema, Office Management

- **OFFICE MANAGEMENT**
- Cross train ALL non-providers (maybe even providers?)
- Any office staff member should be able to greet and register, answer phones, answer simple billing questions, take payments, schedule new/return visits, copy and fax documents and room patients
- But then....assign primary, secondary and tertiary responsibilities and ROTATE them within scope



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M. Shane Chapman, MD MBA

Tip #5: IL Chemotherapy and Botox WARNING!

- IL Chemotherapy:
 - Mixed in hood, Labeled, Chemotherapy Disposal
- Botox:
 - Single Use Vial
 - One bottle, One syringe, One Patient

CDC and State Pharmacy Boards!
Compounding Pharmacy!




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Boni Elewski, MD

Tip #5 Rosacea Treatment

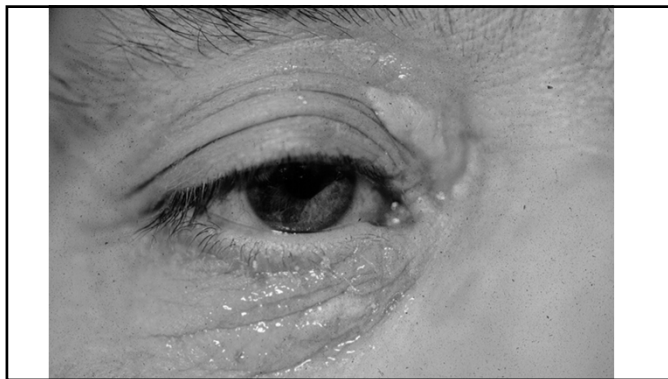
- Topical 0.75% or 1% metronidazole gel or cream
- Topical azelaic acid 15% gel or Foam
- Less expensive alternatives
 - Clindamycin gel or lotion
 - Sulfacetamide lotion or cream (with or without sulfur)



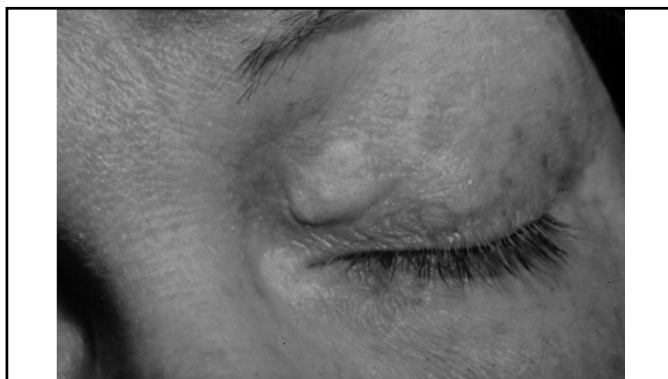
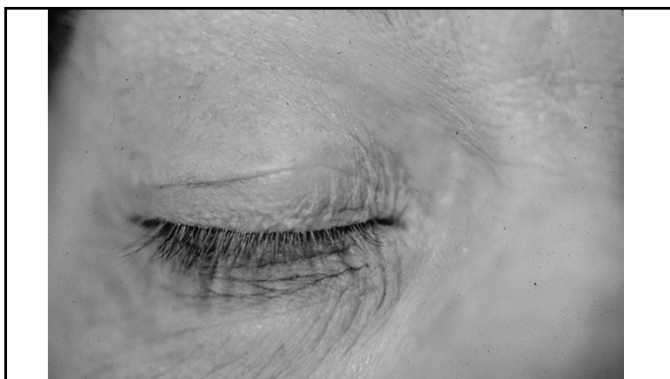
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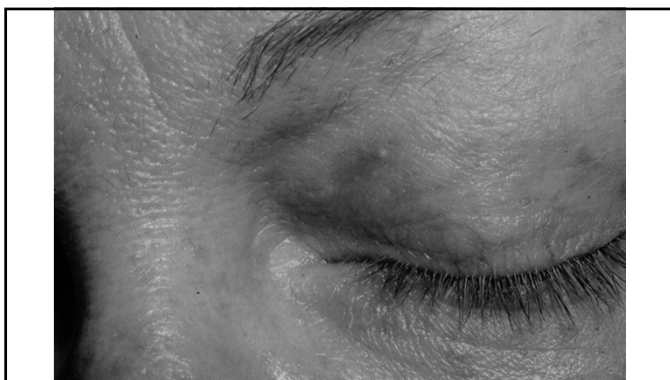
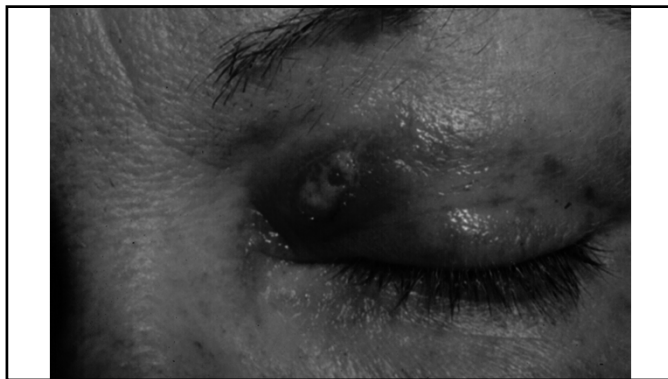
Robert Brodell, MD

What is the best way
to treat this lesion?
Clue: Think pathology



Answer: 100%
dichloroacetic acid





- Quick
- Easy
- No surgical skill required
- Reproducible
- Inexpensive
- Pearl: Treat just one small lesion to start, especially in patients with dark skin

Haygood LJ., JDBennett, and RT Brodell. "Treatment of xanthelasma palpebrarum with bichloroacetic acid." *Dermatologic surgery: official publication for American Society for Dermatologic Surgery [et al.]* 24.9 (1998): 1027-1031.

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Clifford Lober, MD JD

Wrong Site Surgery

- "Ask your nurse or surgical assistant to reconfirm the identity of the patient and location of the lesion you intend to biopsy or excise. Consider using digital photography and include a ruler in the photographs, drawing diagrams with measurements from anatomic landmarks, or leaving sutures in positive biopsy sites until you are ready to perform surgery. If there is any question as to the location, you may want to give the patient a mirror and have them reconfirm the site or send the patient back to the physician who performed the initial biopsy to mark the site."
- "Any of these precautions should be mentioned in your office notes or surgical report."

Dermatology World, August 2015



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Round 6



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Scott Dinehart, MD

Use pre-employment
aptitude evaluations
when hiring for certain
positions

Pre-employment Aptitude Evaluation
For Medical Billing positions
Do not use a calculator


1. What is a deductible?

2. What does EOB stand for? _____

7. What is 20% of \$140.00? _____

8. Complete the following math problem:
(Please do NOT use calculator)

1399.78
- 547.69



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Theodore Rosen, MD

Clinical Tips: Acne, Psoriasis, Eczema, Office Management

- **ECZEMA**
- We all accept that moisturization is essential part of Rx because it may help restore barrier function
- We all accept that ceramide containing agents most nearly mimic normal moisturizing capacity of the skin
- Therefore, using a ceramide-containing moisturizer may be optimal for many eczema patients
- Know easily available ceramide-containing moisturizers
- But there is one which has a unique property.....

Easily obtainable ceramide-containing moisturizers

- Cerave: Cream, Lotion, Wash, AM, PM
- Curel: "Rough Skin Rescue Lotion"
- Curel: "Advanced Ceramide Therapy" (Fragrance Free)
- Eucerin: "Professional Repair"
- Cetaphil: "Restoradem"
- Aveeno: "Eczema Care"


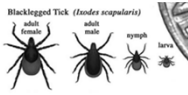



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M. Shane Chapman, MD MBA

Tip #6: More Lyme Disease

- Single dose Doxycycline
- Nymphs are very small
- Check scalp
- Lyme titer may be negative


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Boni Elewski, MD

Tip #6: Laboratory Monitoring

- Spironolactone is an excellent non antibiotic treatment for women with acne
- Spironolactone- no Potassium monitoring needed in healthy young women

Research

Original Investigation

Low Usefulness of Potassium Monitoring Among Healthy Young Women Taking Spironolactone for Acne

Molly Plovnick, MD, Qing Yu Wang, BS, Arash Mostaghimi, MD, MPA

CONCLUSIONS AND RELEVANCE The rate of hyperkalemia in healthy young women taking spironolactone for acne is equivalent to the baseline rate of hyperkalemia in this population. Routine potassium monitoring is unnecessary for healthy women taking spironolactone for acne.

JAMA Dermatol. 2015;151(9):941-944. doi:10.1001/jamadermatol.2015.34
Published online March 22, 2015.

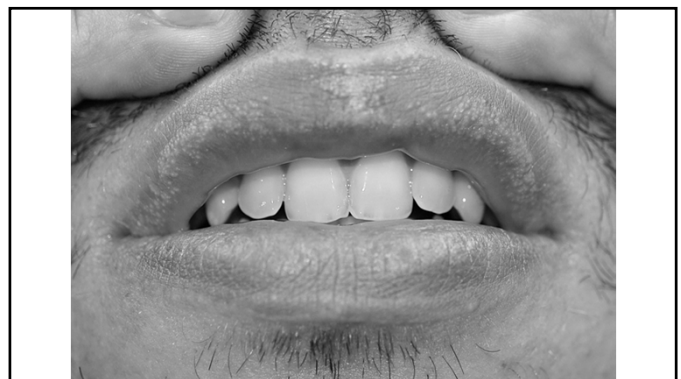
Exceptions...

- Pregnancy/ Nursing
- Renal disease or impairment
- Addison's Disease
- Doses above 100 mg daily!
- Watch for drug interactions
 - ACE inhibitors (Lisinopril), ARBs (losartan)
 - Potassium supplements

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Robert Brodell, MD

What is the best way
to treat this lesion?
Clue: Think pathology



Answer: 100%
dichloroacetic acid



- Quick
- Easy
- No surgical skill required
- Reproducible
- Inexpensive
- Pearl: Treat just one small area to start, especially in patients with dark skin

Plotner AN., RT Brodell. "Treatment of Fordyce spots with bichloroacetic acid." *Dermatologic Surgery* 34.3 (2008): 397-399.

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Clifford Lober, MD JD

Embezzlement

- “Indications of possible embezzlement include overly dedicated employees who always arrive first in the morning, leave last in the afternoon, or rarely take vacation or sick leave, who have sole oversight of office finances, and those who have significant change in personal circumstances(such as major illness or addiction in the family).”

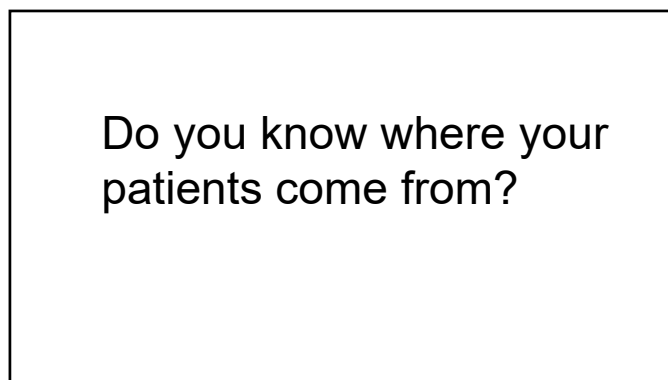
Dermatology World, April 2015



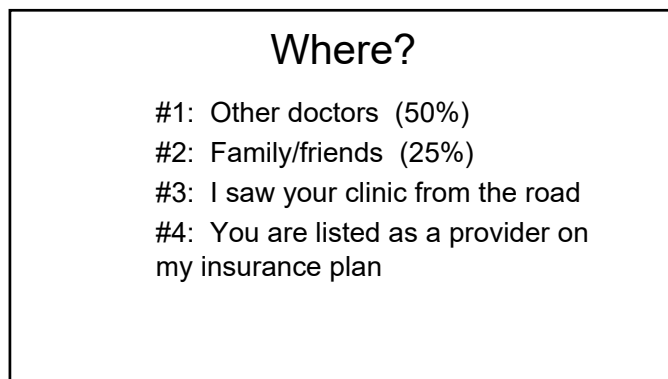
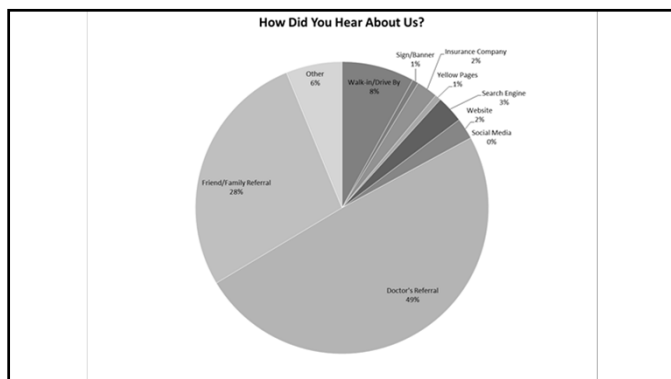
Round 7



Scott Dinehart, MD



Do you know where your patients come from?




Where?

- #1: Other doctors (50%)
- #2: Family/friends (25%)
- #3: I saw your clinic from the road
- #4: You are listed as a provider on my insurance plan

Where?

Search engine: 3%
 Website: 2%
 Social Media: None



Theodore Rosen, MD

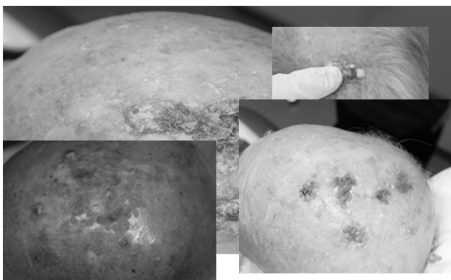
Clinical Tips: Acne, Psoriasis, Eczema, Office Management

- **OFFICE MANAGEMENT**
- ICD-10 has been rather loosely accepted
- COMPLETE documentation will be increasingly required
- FURUNCLE: Location and Laterality
- ALSO: *causative organism, confirmed or suspected*
- Strep, Group A
- Strep, Group B
- Staph, MSSA
- Staph, MRSA
- Other organism




M. Shane Chapman, MD MBA

Tip #7: PDT for Erosive Pustular Dermatitis




Boni Elewski, MD

Tip #7: Isotretinoin monitoring

- Baseline hepatic and lipid panel
- Check again in 8 weeks
- No need for CBC
- Pregnancy tests monthly as required by the I-Pledge program

Standardized laboratory monitoring with use of isotretinoin in acne

Timothy J. Hansen, MD,¹ SarahMartin Lacking, MD,² Jeffrey J. Miller, MD, MBA,³ Joslyn S. Kirby, MD, MPH,¹ Diane M. Thiboutot, MD,² and Andrea L. Zangletti, MD,^{3,4} Hersey, Pennsylvania

Background: Laboratory monitoring for adverse effects to isotretinoin occurs with variability. Standardization of laboratory monitoring practices represents an opportunity to improve quality of care.

Objective: We sought to develop an evidence-based approach to laboratory monitoring of patients receiving isotretinoin therapy for acne.

Methods: We reviewed laboratory data from 515 patients with acne undergoing 571 courses of isotretinoin from March 2003 to July 2011. Frequency, timing, and severity of abnormalities were determined.

Results: Clinically insignificant leukopenia or thrombocytopenia occurred in 1.4% and 0.9% of patients, respectively. Elevated liver transaminases were detected infrequently and not significantly increased compared with baseline detection rates (1.9% vs. 1.6% at baseline). Significant elevations occurred with triglyceride (19.3%) and cholesterol (22.8%) levels. The most severe abnormalities were grade 2 (moderate). Mean duration of treatment before abnormalities were detected was 96.9 days for hypertriglyceridemia, 64.9 days for alanine transaminase, and 50.1 days for hypercholesterolemia.

Limitations: This was a single-center experience examining variable isotretinoin laboratory monitoring practices.


Conclusions: In healthy patients with normal baseline lipid panel and liver function test results, repeated studies should be performed after 2 months of isotretinoin therapy. If findings are normal, no further testing may be required. Routine complete blood cell count monitoring is not recommended. (*J Am Acad Dermatol.* 2016;75:523-4.)

Key words: acne, hypercholesterolemia, hypertriglyceridemia, isotretinoin, laboratory monitoring, leukopenia, thrombocytopenia, transaminase.

Isotretinoin monitoring

- Baseline hepatic and lipid panel
- Check again in 8 weeks
- No need for CBC
- Pregnancy tests monthly as required by the I-Pledge program

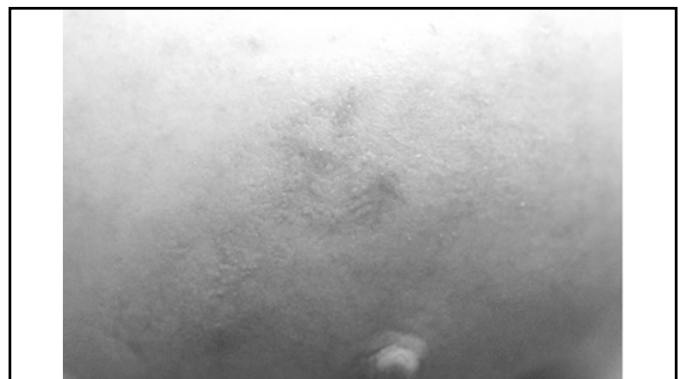
Expensive monthly lab tests not required in healthy patients with normal baseline lipid and liver panels

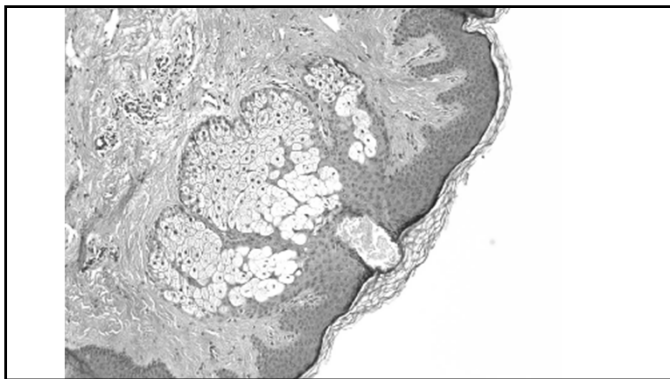


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Robert Brodell, MD

What is the best way
to treat this lesion?
Clue: Think pathology






Answer: 100%
dichloroacetic acid



- Quick
- Easy
- No surgical skill required
- Inexpensive
- Pearl: Treat just one or a few lesions to start, especially in patients with dark skin

Tulbert B, and RT Brodell. "A Simple and Effective Treatment for Ectopic Sebaceous Glands on the Areola." *Dermatologic Surgery* 36.8 (2010): 1332-1335.



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Clifford Lober, MD JD

Sexual Misconduct

- “Sexual misconduct includes not only physical acts but also inappropriate verbal or body language that a patient may construe as sexual in nature. Physicians may be accused of sexual misconduct regardless of their gender or the gender of the patient.”
- “Physicians have a right to have a chaperone in the room.”
Dermatology World, August 2014



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Round 8



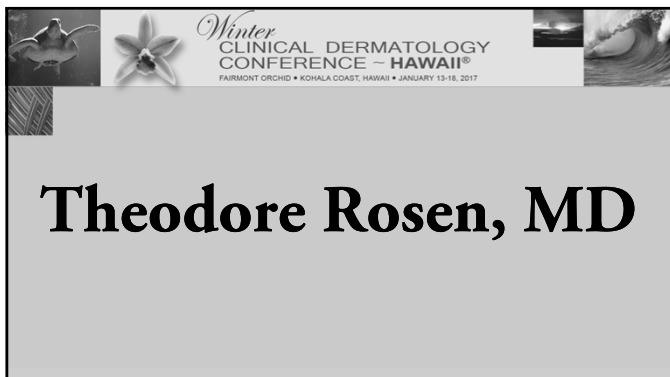
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Scott Dinehart, MD

Signs I like

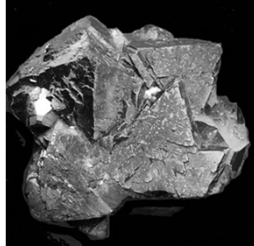


Your Health Plan
Expects Us To
Collect Your
Copayment At The
Time Of Service.



Clinical Tips: Acne, Psoriasis, Eczema, Office Management

- **ACNE**
- Zinc therapy for acne
- Zn sulfate (mg x 0.23)
- Zn gluconate (mg x 0.13)
- \$.04-.06 per pill
- QD 30-40mg elemental Zn
- May need copper 2mg/d



Dermatol Res Pract. 2014;2014:709152

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M. Shane Chapman, MD MBA

Tip #8: Vismodegib alternating, ON/OFF therapy

- 2 months ON / 1 month OFF
- 4:1
- 6:2
- Make side effects (spasms) tolerable

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Boni Elewski, MD

Tip #8 Rosacea Tips on Erythema

- Avoid topical steroids in patients with rosacea as rebound may occur
- May use brimonidine gel
 - No effect on telangectasia
 - Short term vasoconstriction
- Pimecrolimus 1% cream may help reduce some erythema, tacrolimus ointment 1% alternative

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Robert Brodell, MD

How do you buy
100% topical
dichloroacetic acid
(Kahlenberg)?

Dermatologic Lab and Supply Inc
(DELASCO.com)

- DELASCO*: DCA 1 oz \$31.75
DCA 2 oz \$47.25

* You must sign in with an email address and establish a password to “see” the DCA in the digital catalogue



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Clifford Lober, MD JD

Dismissing a Patient

- “When dismissing a patient, send a certified letter, return receipt requested, as well as a copy by U.S. mail, advising that you will no longer be providing his or her medical care 30 days after receipt of the letter.”
- “Refer the patient to his or her primary care physician, local hospital, or the county medical society to locate another board-certified dermatologist.”

Dermatology World, October 2013



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Round 9



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Scott Dinehart, MD

Improve patient communications


Pet Peeves

It bothers me when employees (co-workers) keep talking to each other and at the same time they ignore a patient who is nearby



- OMG!
- Train your staff to stop talking to each other when the patient walks into the practice
- Immediately!
- Engage the patient, talk to them, smile at them






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Theodore Rosen, MD

Clinical Tips: Acne, Psoriasis, Eczema, Office Management

- Pustular psoriasis is a rare variant
- Patients are systemically ill, in addition to lakes of pus on the skin
- Require rapid relief! Retinoid + MTX, Cyc-A
- Recently Ustekinumab, or TNF-alfa inhibitors (Approval!!!)
- OLD BUT EFFECTIVE: Rapid tapering hydroxyurea
- 500mg tabs: 7-6-5-4-3-2-1, done



Psoriasis Forum. 2011 Fall;17(3):180-187



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M. Shane Chapman, MD MBA

Tip #9: Rituximab for Immunobullous Disease

- Start Rituximab early in the course of Immunobullous Disease
- 375mg/m² IV
- 1 Dose, Every 6 months
- With steroid sparing agent(s)



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Boni Elewski, MD

Tip #9 Rosacea Flushing

J AM ACAD DERMATOL
VOLUME 53, NUMBER 5 Brief reports 881

Symptomatic treatment of idiopathic and rosacea-associated cutaneous flushing with propranolol


Helen Craig, MD, and Jack B. Cohen, DO
Dallas, Texas

Flushing has been associated with medications, rosacea, menopause, carcinoid syndrome, pheochromocytoma, polycythemia, and mastocytosis, although it can occur without known cause. There are no known specific treatments available, but β -blockers have suppressed flushing reactions in some patients, particularly when associated with anxiety. The medical histories and clinical characteristics of 9 patients with either idiopathic flushing or flushing associated with rosacea were reviewed. Eight patients experienced subjective improvement with propranolol therapy. (J Am Acad Dermatol 2005;53:881-4.)

Tip #9 More Rosacea Tips on Erythema

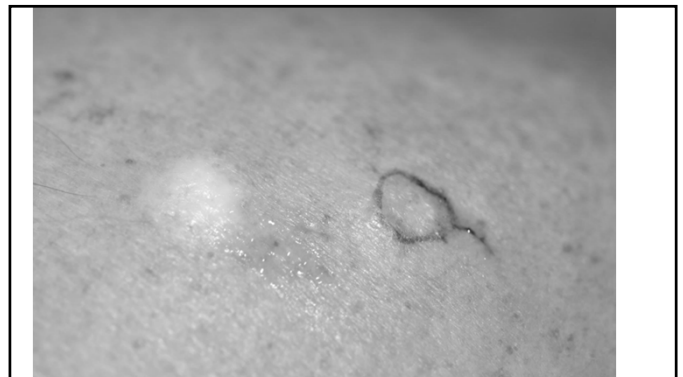
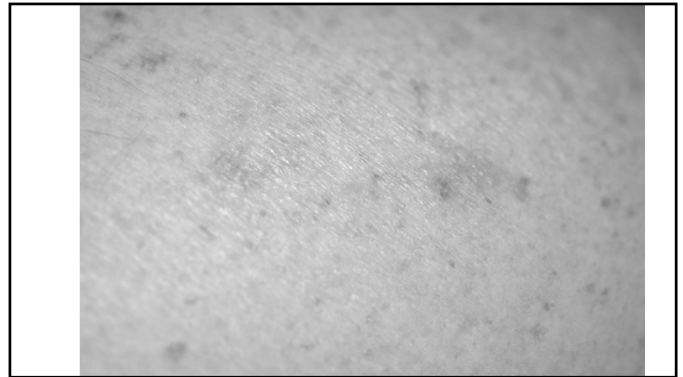
- Clonidine .05 mg twice daily
 - No reduction in blood pressure in one trial
- Beta blockers may be beneficial
 - 10 mg tid 0/9 patient improved
 - Propranolol 20 to 30 mg 2 to 3 times daily
 - 6/9 patient improved
 - Effectiveness may be inadequate dosage
 - May need dosage that causes side effects

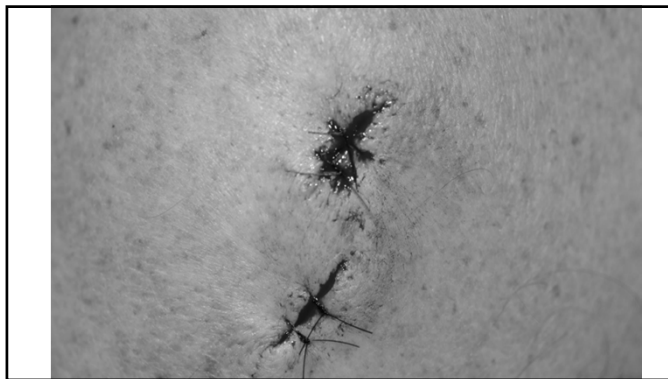
JAAD 2005



Robert Brodell, MD

How do you sample a suspicious red patch (? Superficial BCC or Bowen Disease) while trying to remove most or all of it?

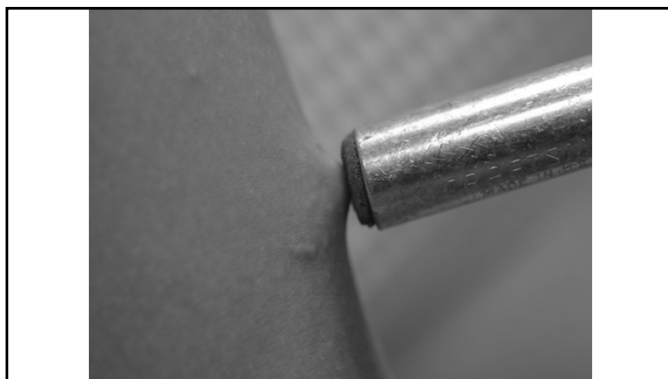


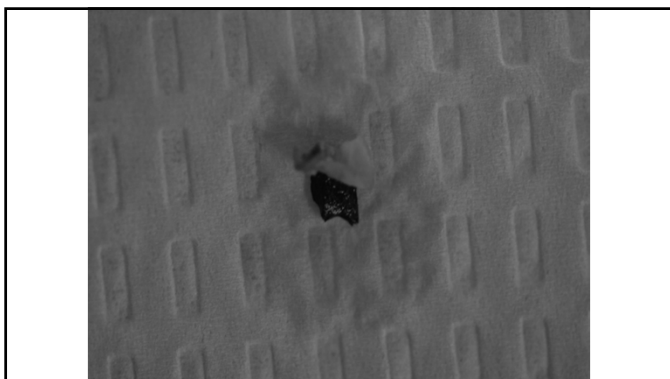


A Patient reports that he has pain in his arm after grinding metal. No palpable lesion. Is he crazy?



Answer: Keep a magnet in your office





Reference

Aldrich NZ, RT Brodell. Confirmation of Cutaneous Metallic Foreign Bodies With a Magnet. *Arch Dermatol*. 2011;147(5):623-624. PMID: 21576588. doi:10.1001/archdermatol.2011.105

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Clifford Lober, MD JD

Dismissing a Patient

- “When dismissing a patient, send a certified letter, return receipt requested, as well as a copy by U.S. mail, advising that you will no longer be providing his or her medical care 30 days after receipt of the letter.”
- “Refer the patient to his or her primary care physician, local hospital, or the county medical society to locate another board-certified dermatologist.”

Dermatology World, October 2013

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Round 10

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Scott Dinehart, MD

It may be more important to avoid the “toxic” employee than to hire the “star” employee

The presence of one “bad apple” caused the entire team’s performance to drop by 30% to 40% and, in fact, caused the rest of the team to start behaving in a similar manner

*Dylan Minor
Harvard Business School*

Good employees are 54% more likely to quit when they work with a toxic employee


*Dylan Minor
Harvard Business School*

Toxic Worker vs All-Star

- Top 1% worker returns \$5303
- Avoiding a toxic hire returns \$12,489

(Does not include savings from sidestepping litigation, regulatory penalties, or decreased productivity as a result of low morale)

*Dylan Minor
Harvard Business School*



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Theodore Rosen, MD

Clinical Tips: Acne, Psoriasis, Eczema, Office Management

- ACNE
- High-intensity blue light
- Photo-sensitizer not even necessary
- 2 treatments a week, with typical unit; 16min 40sec
- Response is durable when occurs



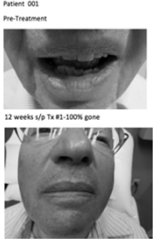
Glob Dermatol 2015; 2 (3): 131-134.



M. Shane Chapman, MD MBA

Tip #10: PDT for Actinic Cheilitis

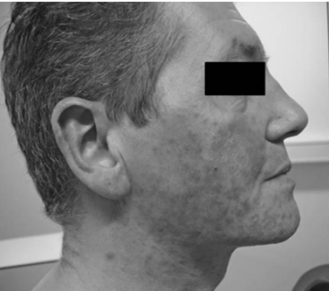
- 1:30 hour incubation
- 16:40 minute activation (BLU-Light)
- >80% of patient will improve (>75%)
- Minimal adverse events
- Include in PDT AK treatment




Boni Elewski, MD

Tip #10 Demodex folliculitis?

- Resembles rosacea
 - Rosacea variant?
- Small pustules on background of erythema and scale
- Often on cheeks, temples
- Scraping/ KOH prep of pustules shows demodex mites



Demodex folliculitis?

Pustules on red background
Resembles rosacea
Note ear involvement

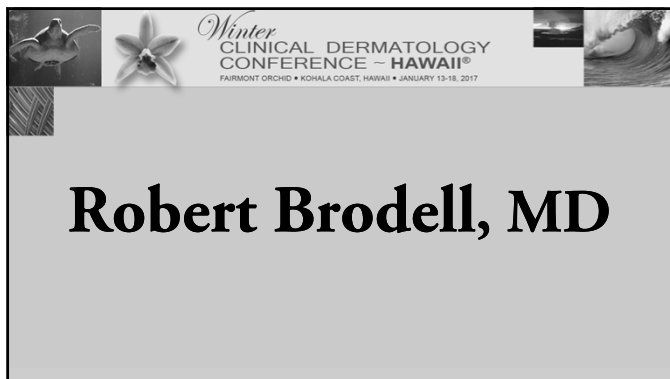
Treat with ivermectin topical/oral or both or topical permethrin or sulfur based topicals

Courtesy of Dr. Rebecca Kissel

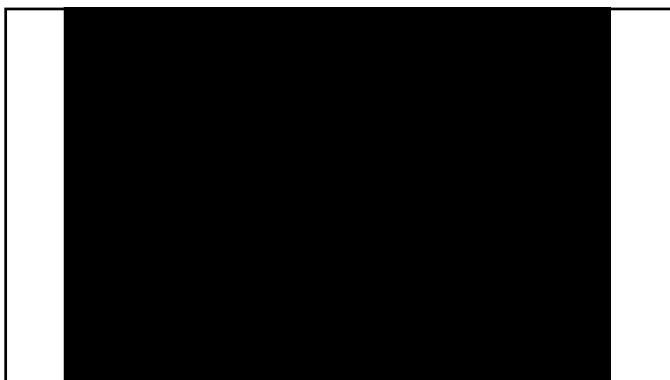
Demodex folliculitis- DDX

- Rosacea
- Acne
- Seborrheic dermatitis

When a patient with "rosacea" does not respond to topical Or oral antibiotics Consider demodex folliculitis

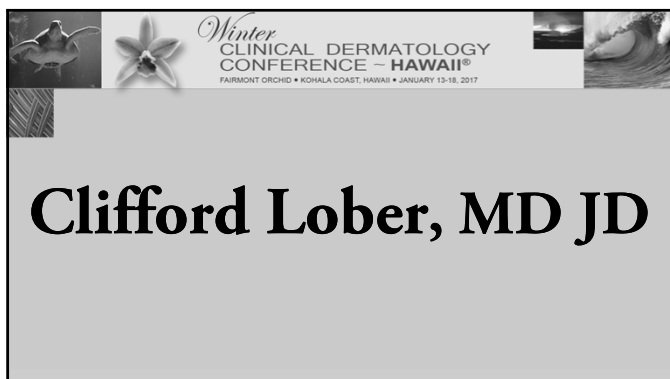


How do you efficiently tie an instrument square knot in a scalp with thick hair that matches your suture?



Reference

Saraiya A, L Bukavina, RT Brodell, AC Bhatia. Assisted instrument tie to close scalp wounds. *JAMA Dermatol.* 2013 Jan;149(1):115-6. doi: 10.1001/jamadermatol.2013.1067.



Lost Tissue Specimen

- Have your surgical assistant confirm the specimen is in the container.
- "The courier from the laboratory should sign for specimens. If he/she is not willing to do so, find another pathology laboratory."
- "Tell the patient the truth. It is ethically, pragmatically, and legally the correct thing to do."

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The End...

