On The Cusp of a Safe and Effective Approach for Androgenic Alopecia?

Dermatologic Aesthetics

Acne and Venous Leg Ulcers

The Benefits of Working in a Teaching Hospital

ELSEVIER
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- 400+ providers on staff; 48,000+ Emergency visits
- Margaret H. Rollins School of Nursing on site

About the Area

- Smart, safe and progressive, family-friendly Southern Delaware
- Exceptional quality of life
- Nationally ranked beaches and boardwalks by Parents Magazine, National Geographic, Travel and Leisure, and American Profiles
- Relaxed community where recreational opportunities include water sports, outdoor life, golf and cycling
- Cultural offerings range from Beach life and festivals to theater, fine art and superb dining
- Private, charter and public school options
- Low taxes and no sales tax; low cost of living

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Email cover letter and CV to: Marilyn Hill, Director of Physician Services mhill@beebemedicalgroup.org

Beebe Medical Group Administration
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www.beebemedicalgroup.org

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On The Cusp of a Safe and Effective Approach for Androgenic Alopecia?
Robert T. Brodell MD, FAAD

Dermatologic Aesthetics
Ashish C. Bhatia MD, FAAD

Acne and Venous Leg Ulcers
Eliot N. Mostow MD, MPH

The Benefits of Working In a Teaching Hospital
Melanie Grano
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For more information, please contact Gina Mallozzi at (207) 661-2092 or gmallozzi@mmc.org.

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Our department provides unique opportunities for medical dermatologists to practice and teach at the Medical Center in the Longwood Medical Area and/or in our department’s state of the art practice in Chestnut Hill and Needham. As a major Harvard teaching hospital, we provide training for Harvard Medical School students and residents. Ideal candidates must have excellent clinical skills and a passion for teaching, conducting clinical research, and working with residents. The candidate must be board eligible or certified in Dermatology. A commitment to the values of an academic environment is required. Research is encouraged.

The compensation package includes an excellent base salary, an incentive program, and generous fringe benefits. Please respond with your Curriculum Vitae as well as the names and addresses of three references to the head of the Search Committee.

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On The Cusp of a Safe and Effective Approach for Androgenic Alopecia?

Robert T. Brodell MD, FAAD
Editor-in-Chief, PracticeUpdate Dermatology

“... the combination of logical mechanisms of action and these preliminary results make me quite hopeful. The quality of life of millions of women (and men, in the case of topical cetirizine) could be impacted by these discoveries.”

Every year during the fourth quarter, I write a commentary about my “top story” of the year. I take this very seriously, recognizing that there are 39,000 PracticeUpdate Dermatology subscribers from around the world.

I always fear offending 38,999 individuals whose article, professor’s article, or friend’s article I did not choose!

Dermatology is a rapidly expanding field, with major advances this past year in the systemic treatment of atopic eczema, expanding biologic approaches to psoriasis, and amazing advances in targeted therapy for melanoma. This year, I am going to take a “walk on the wild side” and choose two “cosmetic” articles, something quite unusual for this proud medical dermatologist.

Both articles discuss using drugs that are relatively safe, inexpensive, and familiar to all dermatologists in a novel manner. In both cases, additional studies are needed to confirm the authors novel findings. Finally, millions of individuals, most especially women, will be interested in these treatments. The condition is androgenic alopecia.

- Safety: Low-dose oral minoxidil (0.25 mg/day) plus spironolactone 25 mg/day caused only a 4-mm systolic and 6-mm diastolic decrease in blood pressure with postural hypotension in only 2 of 100 women. Facial hypertrichosis occurred in 4 of 100 women. Urticaria occurred in 2 of 100 women. Only the urticaria patients discontinued treatment.

- Mechanism: Minoxidil opens potassium channels causing hyperpolarization of cell membranes leading to dilatation of blood vessels, and, perhaps, delivering more oxygen and nutrients to the hair follicle. It prolongs the anagen phase and increases hair follicle size. Spironolactone suppresses the production of androgen by adrenal glands and ovaries.

- Efficacy: This prospective uncontrolled observational study revealed a reduction of hair loss severity and shedding.

- Cost: These are both inexpensive generic medications.


- Mechanism: Prostaglandin D2 (PGD2) is a central player in production of androgenic alopecia. Cetirizine (Zyrtec) blocks PGD2.

- Safety: Cetirizine is an antihistamine used frequently by all dermatologists. I would not anticipate that topical application would have any significant side effects besides perhaps a little dry mouth.

- Efficacy: In all, 85 male and female patients applied cetirizine 1% solution to the scalp and 18 applied the vehicle as a control. The treatment group demonstrated increased total density, terminal hair density, and decreased vellus density after 6 months.

- Cost: This is an inexpensive generic drug.

I am not able to predict with certainty whether either or both of these approaches to androgenic alopecia will withstand the test of time, but the combination of logical mechanisms of action and these preliminary results make me quite hopeful. The quality of life of millions of women (and men, in the case of topical cetirizine) could be impacted by these discoveries.

www.practiceupdate.com/c/74879

Robert T. Brodell MD, FAAD
Professor and Chair, Department of Dermatology, and Professor of Pathology, University of Mississippi Medical Center, Jackson, Mississippi; Instructor in Dermatology, University of Rochester School of Medicine and Dentistry, Rochester, New York
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EOE/AA
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For confidential consideration, please contact:
Debra Ferrari, Medical Staff Recruitment
Phone: 607-547-6982; email: debra.ferrari@bassett.org
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Bassett Healthcare Network is an integrated health care system that provides care and services to people living in an eight county region covering 5,600 square miles in Central New York. The organization includes six corporately affiliated hospitals, as well as skilled nursing facilities, community and school-based health centers, and health partners in related fields.

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To learn more about Bassett: https://youtu.be/2mLeVBpj5Io

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- CHA's Department of Dermatology is increasing access for patients – this opportunity is 1.0FTE (full-time)
- Clinical time includes outpatient adult and pediatric dermatology plus inpatient consults
- Our current dermatology team of providers includes 3 physicians and 1 physician assistant
- Opportunity exists to expand CHA’s existing teledermatology services in the near future

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To learn more and confidentially apply please visit www.chaplayers.org. Qualified candidates may submit CV/covers letter directly to Lauren Anastasia, Manager, Provider Recruitment via email at lanastasia@challiance.org. CHA’s Department of Provider Recruitment may be reached by phone at (617) 660-3303 or by fax at (617) 660-3303.

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It has been a very interesting year in dermatologic aesthetics, with many great studies, not only looking at the procedures and techniques that we employ the most, but also looking at the impact that these interventions have on patients and their lives.

Additionally, there have been some nice studies that provide evidence on how to recognize and best manage complications in this area.

One article that I really enjoyed was “Perceptions Regarding Appearance After Perioral Rejuvenation With Hyaluronic Acid Fillers.”1 The lower face is an area that we have been treating for many years in our practice. However, in training dermatologists and plastic surgeons, the focus has long been on nasolabial folds and cheeks as well as the upper face. The lower face has been largely neglected. This is mostly due to the fact that most neuromodulators and fillers have FDA clearances for upper face and midface, respectively. Since most of the trainings are on-label, most injectors train on the upper and midface first.
We find that both dermatologists and patients greatly underestimate the impact of disproportionate aging of the lower face on the overall appearance and impression of age from an observer’s perspective. When I point out signs of perioral aging on a patient during a patient consultation or when we are doing a patient assessment at a training session for practicing dermatologists and residents, it is definitely not obvious to most observers. But when we cover up the top half of the face and then cover up the bottom half of the face and have the observer assess the perceived age of each area, it becomes very apparent. Aesthetics is not only about beauty, it is about harmony and balance. Disproportionate aging of different areas of the face is due to both genetic aging and external aging, and restoring harmony can have a great impact.

This particular study evaluated the impact of rejuvenating the lower face. The most dramatic results in this study were the perceptions of the blinded evaluators relative to the treated perioral area. They perceived that individuals in the treated pictures had greater social skills, academic performance, dating success, occupational success, attractiveness, financial success, relationship success, and athletic success compared with pictures of untreated individuals. It is amazing that observers inferred so much about individuals who received minor corrections that can easily be achieved in a relatively quick and safe in-office procedure. The funny thing is that this study only looked at perioral rejuvenation with fillers. Today, there are so many other treatments that we can do nonsurgically and in the office to help improve the lower face. These include enhancement of jawline definition, reduction of masseter projection, enhancing chin projection, and reducing jowls.

As aesthetic procedures become more commonplace, so do the complications. Just like in medical dermatology, one of the most important aspects of expanding one’s repertoire of treatments for conditions is learning to prevent, recognize, and treat complications of our therapies. This has been a good year for publications addressing this. The first important article in this arena is entitled, “Vascular Injury After Deoxycholic Acid Injection.” As deoxycholic acid injections are gaining popularity, not only for their on-label use in the submental area but also in off-label use in the jowls and in body contouring, we are likely to see more complications. This manuscript is a case report highlighting two cases of what appear to be local vascular events after injection of deoxycholic acid. This can lead to tissue necrosis and tissue damage if not realized and treated early. Because deoxycholic acid is a solution, unlike some fillers, intravascular placement of the needle tip can be detected in most cases simply by pulling back on the plunger prior to injection. This article is impactful because it is a complication that has not been previously reported. Our commentary highlights some tips to recognize and prevent this.

The second article in this realm, entitled, “Effectiveness of Low Doses of Hyaluronidase to Remove Hyaluronic Acid Filler Nodules,” was published in JAMA Dermatology this year. The study evaluated the use of hyaluronidase for dissolving excess or improperly placed hyaluronic gels. Because hyaluronic acid gel injections are the most common filler injections globally, it is important to know the art and science of managing...
their complications and occasional unwanted outcomes. The authors share their findings regarding the concentration-dependent effect of hyaluronidase in dissolving unwanted hyaluronic acid filler. The accompanying commentary also addresses the more serious complication of impending vascular necrosis from intravascular injection of hyaluronic acid and the need for more concentration and large-volume use of hyaluronidase to manage those situations.

A big shout out to my colleagues and mentors, Dr. Bob Brodell and Dr. Eliot Mostow, for allowing me to be part of this “comprehensive virtual journal club.” Also, a big thanks to our editorial board and our screeners and section editors who do such a great job covering such a breadth of the most impactful findings in the dermatology literature and making them accessible to myself and our colleagues. I always look forward to our calls to discuss the literature and the impact on our specialty. Also, a big thanks to PracticeUpdate and the entire Elsevier team, who make the process so smooth and so much fun.

References


www.practiceupdate.com/c/76155

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Acne and Venus Leg Ulcers

Eliot Mostow MD, MPH
Associate Editor, PracticeUpdate Dermatology

“... we all need to recognize that care of acne patients early, and with the goal of “clear or almost clear” (also the relatively new standard for psoriasis care), can have life-changing benefits.”

Asking anyone to pick just one article for their story of the year is very difficult. It’s been a great year, with all sorts of excellent work informing us about the associations between psoriasis and metabolic disorders and links between dermatologic and cardiovascular and psychological diseases, and data to remind us that we might be overdoing the monitoring for lab abnormalities in patients on antifungals and those taking isotretinoin. That being said, I’ve picked two stories that I’ve commented on this year, one on a most common disease that can result in permanent disfigurement and the other that begs for more active involvement by all clinicians, especially dermatologists.

Acne
The first top story is on acne care.¹ It is important because the study really went to the heart of providing more effective care to patients with acne through more effective education of pediatricians. That a simple intervention with a guided protocol made a difference should remind us of the power of education and intervention at
the right point of care (ie, in early adolescence, a
time when patients are generally seen most often
by their pediatricians, who can more effectively
intervene with appropriate care early). Of
course, I think most pediatricians prefer to have
isotretinoin treatment directed by dermatologists,
but that can become part of effective triage and
improved communication. No doubt, we probably
underutilize isotretinoin, a drug that really does
have the consistent potential to dramatically
clear even the most severe acne.

I just heard a wonderful presentation by Dr.
Julie Harper reminding us that we all need to
recognize that care of acne patients early, and
with the goal of “clear or almost clear” (also the
relatively new standard for psoriasis care), can
have life-changing benefits. Common disease
with a simple intervention and cost-effective
treatments: this is important.

Venous leg ulcers
My second choice for a top story study relates
to patients with venous leg ulcers. Although we
don’t know exactly how many patients suffer from
this condition, we know it’s relatively common,
debilitating in many ways, and costly to the
healthcare system. The intervention in this study
was also simple and essentially free…exercise
added to compression versus compression alone. No surprise that it helped, but the key to the
importance of this article is that effective clinicians
are great communicators with their patients. The
other important point is that these are patients
who really can benefit from multidisciplinary care,
including care from dermatologists. I encourage
anyone involved in dermatology care to be
involved in the care of patients with venous leg
(and other) ulcers. Ultimately, any ulcer is simply
a problem with the epidermis and dermis, and
dermatologists should be a key part of the team
to optimize treatment for these patients.

Effective communication means that we can
more frequently close the knowledge gap for
patients (and collaborating clinicians and ancillary
care providers) with respect to their diagnoses
and prognoses, and improve compliance with
(potentially) beneficial treatments. My disclosure
is that I often fail in this regard, but I believe in

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Many physicians will work in a teaching hospital during their residency years — perhaps longer if they chose to pursue a fellowship. But teaching hospitals are not only an essential workplace at the beginning of a physician’s career — they have much to offer throughout your career.

#1: Your Choice of Specialty

Teaching hospitals are the backbone of medical services in the USA. The nation’s 1,000+ teaching hospitals train more than 100,000 new physicians and other health professionals every year. They disproportionately deliver specialized services, complex treatments and life-saving care, including 88% of comprehensive cancer care centers and 71% of all level-one trauma centers. This makes teaching hospitals a natural choice for physicians working in these specialized services.

#2: A Culture of Excellence

In a 2016 article in the Washington Post, Harvard medical professor David Silbersweig noted that “physicians in other settings routinely refer patients to teaching hospitals when they can’t figure out what is going on, when there are complications, or when they have run out of treatment options.” A 2002 literature review by John Z Ayanian and Joel S Weissman looking at teaching hospitals and quality of care found that “for common conditions, particularly in elderly patients, major teaching hospitals generally offer better care than do nonteaching hospitals.” It is this commitment to delivering excellent care that attracts the best and the brightest to our teaching hospitals.

#3: Leading Edge Research and Treatment

One of the reasons teaching hospitals are highly regarded and able to offer such excellent care is because of the research and clinical trials that are undertaken by them. This ensures our teaching hospitals are the leaders in new treatments and cures. The possibility of being at the forefront of medical breakthroughs is a strong reason for
choosing to work at a teaching hospital. But you don’t have to be at the forefront of research to benefit from this aspect of a teaching hospital: the culture of teaching hospitals ensures that these analyses and breakthroughs are shared throughout the institution. Silbersweig argues, “only academic medical centers can provide the environment and expertise that advance the practice of medicine, and ultimately the health of society.”

#4: Publishing Research
Being involved in leading-edge research doesn’t only advance the care you are able to offer patients, there are personal advantages too. First, the ability to stay in the forefront of your chosen field. Second, publishing research or being co-author on an important paper based on the research conducted at your teaching hospital offers opportunities for career advancement you simply can’t get at another institution. One of the world’s most internationally recognized medical journals, the BMJ, references the following benefits of publication for your career: “Career advancement. International recognition. Advancing medicine. An influx of funding. These are just a few of the benefits associated with publishing medical research in a peer-reviewed journal with a high impact factor.”

#5: Travel
The benefits of participating in leading-edge research expands your boundaries beyond advancing standards of care and advancing your career. The possibility of national and international travel to present research findings are another major benefit. While the prospect of international travel might not be attractive to physicians who are already struggling to balance work and life with the needs of a young family or the other demands of home life, the prospect of being paid to present your findings to other leaders in your field in international centers of excellence is an undeniable attraction to some. If you have this opportunity, it’s worth referring to the presentation tips offered by the American College of Physicians (ACP).

Reason #6: More Opportunities to Learn
In training young doctors, Lara Goitein argues, “Medical education is essentially a verbal tradition: knowledge is imparted by physicians talking and demonstrating what they mean at the patient’s bedside much more than through the
written word.” The teaching hospital offers the greatest opportunities to nurture your talent.

#7: Being Mentored
The Institute of Clinical Research Education states, “Mentoring is the key for developing and sustaining a satisfying professional career.” The greater potential to connect with mentors is another powerful reason to choose to work at a teaching hospital. Compare this with the talent pool with whom you are able to connect in a small rural hospital and you can clearly see the advantage of working in a teaching hospital in terms of finding someone from whom you can learn and make a valuable personal connection.

#8: Being a Mentor
The advantage of this wider talent pool in teaching hospitals works both ways. For more senior caliber staff, the opportunity to share your knowledge with passionate and motivated junior staff is compelling. Being a mentor is a rewarding experience and the teaching hospital environment offers far more potential for connecting with others whom not only share your specialty but whom share your passion.

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Aspen Mountain Dermatology provides a great opportunity to join a busy group practice in a growing medical community. Bend, Oregon is the 6th fastest growing city in the U.S. and demand for specialty services is high!

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For more information, or to send your CV, please contact: Barbara Stoefen, Provider and Medical Recruiter, Praxis Medical Group, bcestoefen@praxismedicalgroup.com, 541.706.5790.
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- Clinical research projects available through the Johns Hopkins Research Network
- Built in referral base of hospital-owned practices with over 130 primary care clinicians

**About Reading Hospital:**
- Flagship hospital of the recently formed, 6 hospital Tower Health System
- Teaching opportunities and faculty appointments available for the medical staff as a part of the new Drexel University College of Medicine at Tower Health
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