

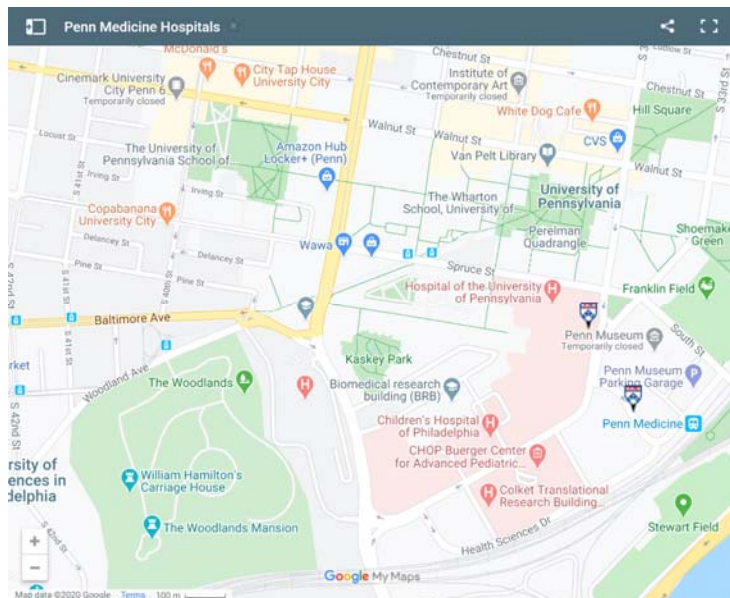


Elective Rotation
at Department of Dermatology
University of Pennsylvania





- Founded in 1751, Penn Medicine is considered as the first nation's medical school
- Ranked among nation's top hospitals by US. News and World Report in 2019
- Dermatology also ranked as a nation's top dermatology department in the US.





Penn Medicine

Dermatology Programs and Services

[Acne and Rosacea](#)

At Penn Dermatology, we provide the latest advancements in treatment for those seeking relief for chronic acne and rosacea.

[Autoimmune Disease](#)

Expert diagnosis and treatment for autoimmune disorders include cutaneous lupus, dermatomyositis, morphea/scleroderma and vasculitis.

[Cutaneous T-Cell Lymphoma](#)

Penn Dermatologists provide expert diagnosis and treatment for those with cutaneous lymphoma-cancer of the lymphocytes or white blood cells that primarily affect the skin.

[Genetic Disease Dermatology](#)

Penn Dermatology provides expert evaluation, diagnosis and treatment for genetic diseases and related skin conditions.

[Aging Skin](#)

For men and women seeking to rejuvenate or refresh their skin from the visible effects of aging, Penn Dermatology provides advanced treatments and results-oriented solutions.

[Blistering Disease, Pemphigus, Pemphigoid](#)

A leader in blistering diseases affecting the skin including autoimmune blistering diseases and hereditary blistering diseases; Penn Dermatology provides comprehensive care.

[Dermatopathology](#)

Dermatopathologists at Penn Dermatology specialize in the diagnosis of conditions of the skin, hair, nails and mouth.

[Graft-Versus-Host Disease \(GVH\)](#)

Penn Dermatology provides specialized treatment and care for those who have had a stem cell or bone marrow transplant and develop mild to severe skin complications.

[Atopic Dermatitis](#)

Better known as Eczema, at Penn Dermatology, we provide the latest treatments for those with Atopic Dermatitis.

[Cosmetic Skin Enhancement](#)

From wrinkles to hair removal, we provide advanced treatment and solutions for those seeking help for all types of cosmetic skin problems.

[General Dermatology](#)

Evaluating, diagnosing and treating those with common and rare dermatological conditions are standard practices at Penn Dermatology.

[Hair and Scalp](#)

Looking for hair and scalp treatment? Penn Dermatology provides expert evaluation, diagnosis and treatment for all types of conditions.

[Infectious Disease-Related Dermatology](#)

Dermatologists at Penn offer evaluation and thorough care for skin problems related to the human immunodeficiency virus (HIV).

[Mohs and Reconstructive Surgery](#)

Mohs surgery is a highly skilled and precise surgical technique for the removal of various types of skin cancers including basal cell carcinoma, squamous cell carcinoma and melanoma.

[Penn Dermatology Oncology Center](#)

Advance the prevention, detection, and treatment of skin cancer through specialized patient care, innovative research, and world-class education of medical providers.

[Psoriasis](#)

Our dermatologic experts provide evaluation, diagnosis and treatment for psoriasis, a chronic, non-contagious, genetic inflammatory autoimmune disease of the skin.

[Laser Treatment](#)

Offering the latest advancements in laser treatment methods, Penn Dermatology corrects or improves many cosmetic skin problems.

[Nail Conditions](#)

Penn Dermatology specializes in the evaluation, diagnosis and treatment of all types of nail disorders.

[Photopheresis](#)

Photopheresis serves as an advanced treatment as a type of "vaccination" against disease producing T-cells.

[Sarcoidosis](#)

Sarcoidosis is a complex multi-system inflammatory disease. Penn Dermatology provides expert, comprehensive diagnosis and care for those with cutaneous sarcoidosis.

[Melanoma and Pigmented Lesion](#)

The Pigmented Lesion Group is nationally recognized leader in diagnosing and treating malignant melanoma and pigmented lesions.

[Patch Testing/Allergic Contact Dermatitis](#)

Penn Dermatology is a leading provider for testing, diagnosing and treating rashes related to allergic contact dermatitis.

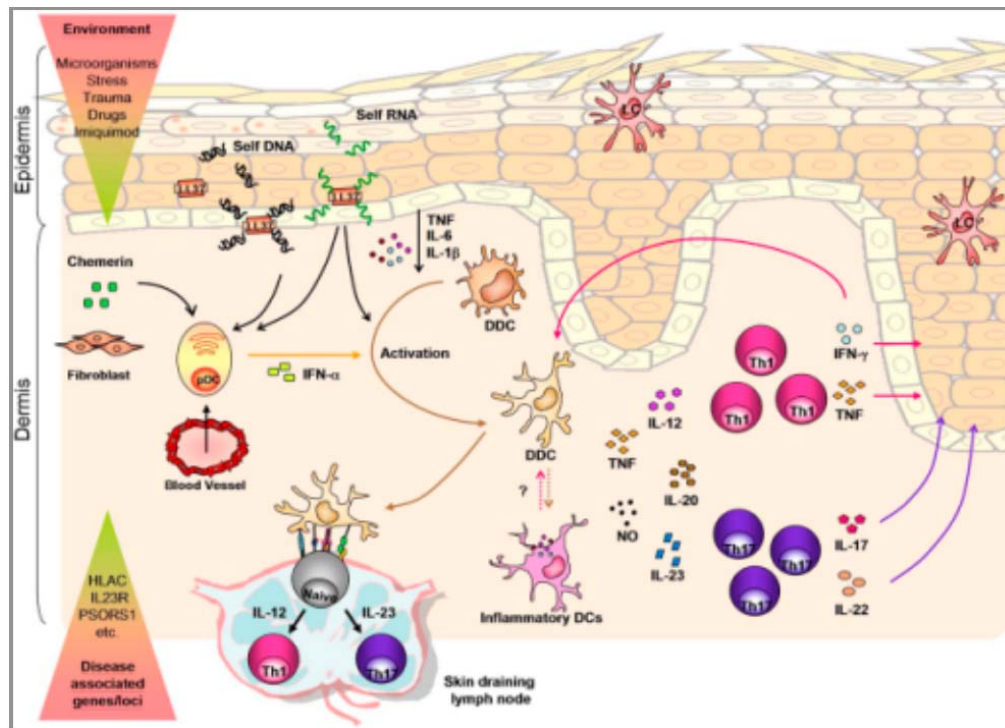
[Phototherapy](#)

Penn Dermatology offers phototherapy, a light based treatment for a variety of chronic and complex light-responsive skin disorders.

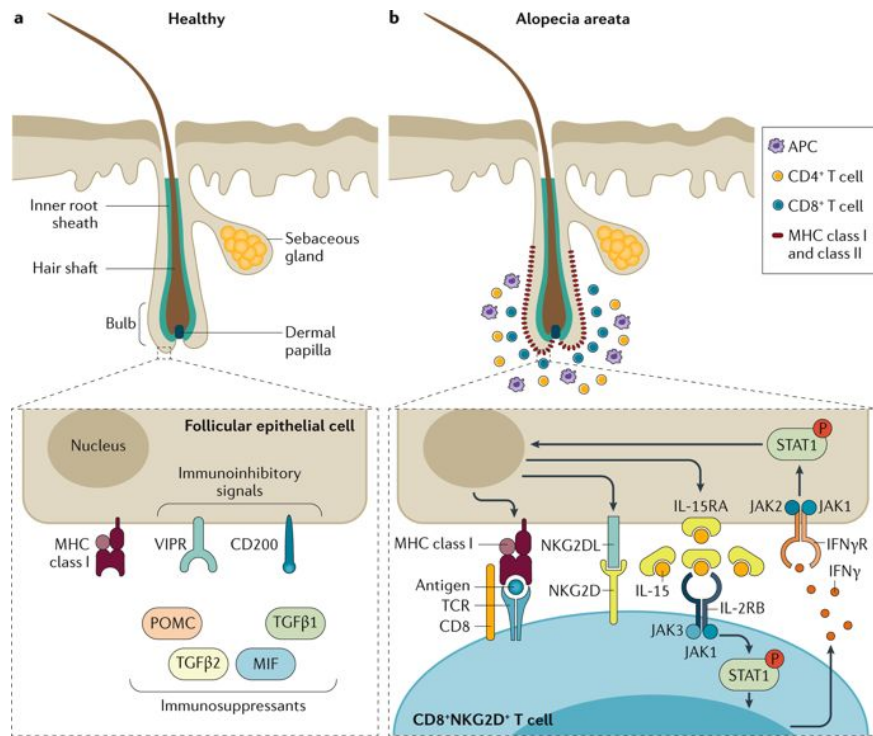
[Team](#)

Meet Penn's team of experts who specialize in dermatology.

Expectation and Objective



Expectation and Objective

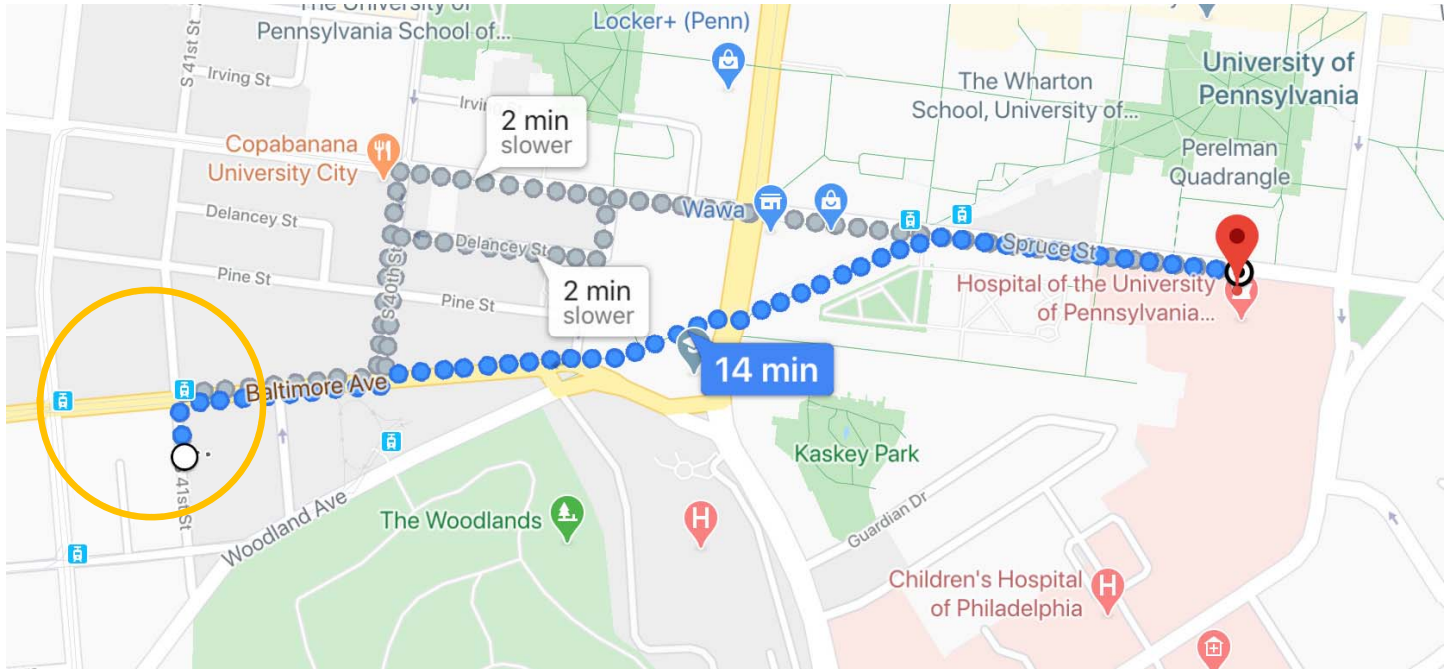


Expectation and Objective



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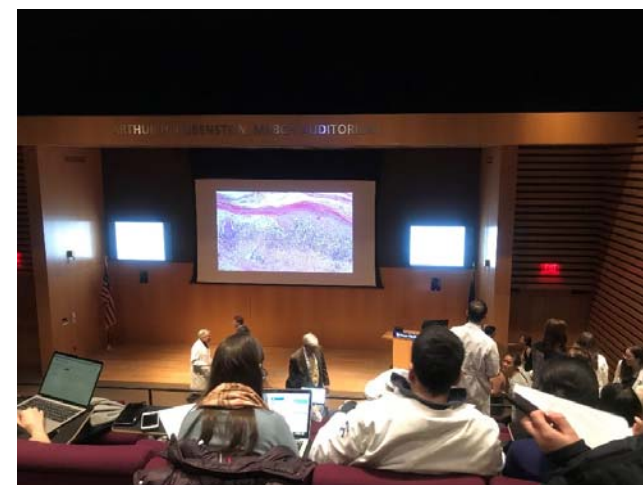
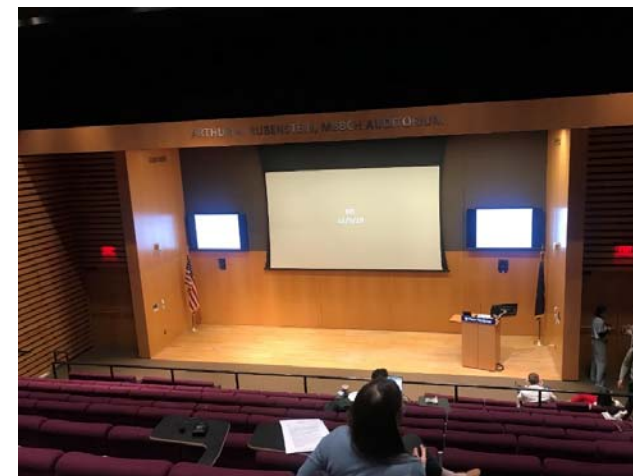




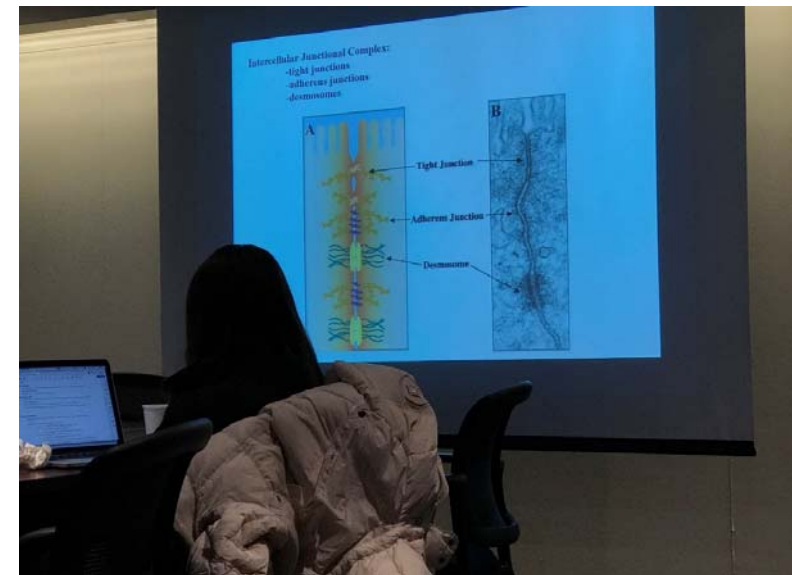
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DUHRING CONFERENCES/LECTURES		RESIDENT LECTURE & CONFERENCE SERIES	
Thursdays		Tuesday, December 3	
December 5	Patient Viewing, PCAM, Suite 1-330S Patient Discussion, Smilow Center for Translational Research (SCTR) Auditorium Esther Freeman, M.D., Ph.D., D.T.M.&H. Assistant Professor of Dermatology, Harvard Medical School Director of Global Health Dermatology & Director of Clinical Research Curriculum Department of Dermatology, Massachusetts General Hospital "Dermatologists without Borders: How Reciprocal Innovation Is Advancing Dermatologic Care in Sub-Saharan Africa and the U.S." Smilow Center for Translational Research (SCTR) Auditorium	7:30 AM	Dr. S. Samimi, Safety Huddle, 1 st Years Only, 3 Founders Conference Room, Plaza B
9:00 AM		8:00 AM	Resident Business Meeting/Holiday Breakfast, 3 Founders Conference Room, Plaza B
10:00 AM		9:00 AM	Dr. P. Haun, Chapter 16/17 Book Review, 3 Founders Conference Room, Plaza B
11:00 AM		10:00 AM	Dr. R. Elenitsas, Physical Agents, 3 Founders Conference Room, Plaza B
		11:00 AM	DermPath Fellows, DermPath Unknowns, Multi-headed Scope, 2 Maloney
		Thursday, December 5	
December 12	Patient Viewing, PCAM, Suite 1-330S Patient Discussion, Smilow Center for Translational Research (SCTR) Auditorium Jaehyuk Choi, M.D., Ph.D. Assistant Professor of Dermatology and Molecular Genetics Feinberg School of Medicine, Northwestern University Medical Director, Extracorporeal Photopheresis Unit, Northwestern Medicine "Genomics of CTCL: From Bench to Bedside" Smilow Center for Translational Research (SCTR) Auditorium	8:00 AM	Dr. M. Perman, Complicated Infections Unknowns, 3 Founders Conference Room, Plaza B
9:00 AM		9:00 AM	Patient Viewing, PCAM, Suite 1-330S
10:00 AM		10:00 AM	Patient Discussion, Smilow Center for Translational Research (SCTR) Auditorium Esther Freeman, M.D., Ph.D., D.T.M.&H., Assistant Professor of Dermatology, Harvard Medical School, Director of Global Health Dermatology & Director of Clinical Research Curriculum, Department of Dermatology Massachusetts General Hospital, <i>Dermatologists without Borders: How Reciprocal Innovation Is Advancing Dermatologic Care in Sub-Saharan Africa and the U.S.</i> , Smilow Center for Translational Research (SCTR) Auditorium
11:00 AM		11:00 AM	
		12:00 PM	Lunch with Dr. Esther Freeman, SCTR 102
		Tuesday, December 10	
December 19	Patient Viewing, PCAM, Suite 1-330S Patient Discussion, Smilow Center for Translational Research (SCTR) Auditorium No Lecture HAPPY HOLIDAYS	7:00 AM	First Year Breakfast with Drs. M. Rosenbach and S. Samimi
9:00 AM		8:00 AM	Dr. S. Fakhrazadeh, Structure and Functions, Part 5, 3 Founders Conference Room, Plaza B
10:00 AM		9:00 AM	Dr. W. James, Chapter 18 Book Review, 3 Founders Conference Room, Plaza B
11:00 AM		10:00 AM	Dr. E. Chu, Melanoma, 3 Founders Conference Room, Plaza B
		11:00 AM	DermPath Fellows, DermPath Unknowns, Multi-headed Scope, 2 Maloney

RESIDENT LECTURE & CONFERENCE SERIES (Continued)		RESIDENT LECTURE & CONFERENCE SERIES (Continued)	
Thursday, December 12		Thursday, December 26	
8:00 AM	Dr. J. Treat, Connective Tissue Unknowns, 3 Founders Conference Room, Plaza B	No Duhring Grand Rounds No Lecture HAPPY HOLIDAYS	
9:00 AM	Patient Viewing, PCAM, Suite 1-330S	Tuesday, December 31	
10:00 AM	Patient Discussion, Smilow Center for Translational Research (SCTR) Auditorium Jaehyuk Choi, M.D., Ph.D., Assistant Professor of Dermatology, Assistant Professor of Biochemistry and Molecular Genetics, Feinberg School of Medicine, Northwestern University, Medical Director, Extracorporeal Photopheresis Unit, Northwestern Medicine, <i>Genomics of CTCL: From Bench to Bedside</i> , Smilow Center for Translational Research (SCTR) Auditorium	No Lectures HAPPY HOLIDAYS	
11:00 AM	Lunch with Dr. Jaehyuk Choi, SCTR 102	FACULTY MEETINGS / EPIC MEETINGS	
		December 5	
12:00 PM	Lunch with Dr. Jaehyuk Choi, SCTR 102	8:00 AM—	EMR Governance Meeting
		9:00 AM	SCTR 102
		December 12	
Tuesday, December 17	Second Year Breakfast with Drs. M. Rosenbach and S. Samimi Dr. Z. Chiesa, November JAMA Derm, 3 Founders Conference Room, Plaza B Dr. W. James, Unknowns, 3 Founders Conference Room, Plaza B Dr. F. Alawi, Oral Path, 3 Founders Conference Room, Plaza B DermPath Fellows, Unknowns, Multi-headed Scope, 2 Maloney	11:00 AM—	QA & QI Meeting
7:00 AM		12:30 PM	SCTR 102
8:00 AM		December 19	
9:00 AM		7:45 AM—	Faculty Meeting
10:00 AM		9:00 AM	BRB 1001
11:00 PM		December 19	
		11:10 AM—	SBDRC Meeting
		12:00 PM	BRB 1001
		December 19	
Thursday, December 19	Third Year Breakfast with Drs. M. Rosenbach and S. Samimi Dr. M. Rosenbach, Neutrophilic Derm, 3 Founders Conference Room, Plaza B Patient Viewing, PCAM, Suite 1-330S Patient Discussion, Smilow Center for Translational Research (SCTR) Auditorium Guest Lecturer – Dr. Yevgeniy Balagula, SCTR 10-146AB Lunch with Dr. Yevgeniy Balagula, SCTR 10-146AB	12:00 PM—	Research Faculty Meeting
7:00 AM		1:00 PM	BRB 1001
8:00 AM		DERMATOPATHOLOGY JOURNAL CLUB	
9:00 AM		Friday 12:00-1:00 PM 3 Founders Conf. Rm., Plaza B	
10:00 AM		There is no Dermatopathology Journal Club in December.	
11:00 AM		PIGMENTED LESION GROUP CONFERENCE	
12:00 PM		Wednesday 12:00-1:00 PM PCAM South 10-122 Conf Rm.	
		Melanoma Tumor Board will be held on Wednesdays in December, except for December 25.	
Tuesday, December 24	No Lectures HAPPY HOLIDAYS		

Patient: VC

Presenter: Robert Micheletti, MD

History of Present Illness: VC is a 55yo woman seen in referral in early 10/2019 for evaluation of tender, erythematous subcutaneous nodules on the lower legs. The process began in 12/2017. She describes small purple dots with erythematous rims which enlarge and become steadily more painful and nodular and ultimately ulcerate in the middle but do not drain.

She had ~2 skin outside biopsies, however she says they were inconclusive, and the results are not available. Vascular work-up was unremarkable. Extensive laboratory testing outside records was also unremarkable.

She feels overall well, without fever, chills, sweats, weight loss, joint pains, or other relevant symptoms. She has applied clobetasol ointment with some marginal benefit. She had no systemic therapy for this problem prior to presentation here.

At the time of presentation, I performed a skin biopsy (to be discussed), followed by additional work-up, as shown below.

Medications: aspirin, clobetasol, losartan, mupirocin

Physical Examination: Numerous red nodules in various stages of evolution on the lower legs to the knees, as well as on the dorsal hands, some with purple-hued or ulcerated / crusted centers

Laboratory Testing & Imaging Studies:

10/9/19 Tissue culture: no growth

10/21/19 CT Anoiogram A/P: No microaneurysms involving the renal arteries or other vessels; however, there is retroperitoneal and periportal lymphadenopathy, largest 4.7cm

10/29/19 PET/CT: Extensive lymphadenopathy throughout the neck, thorax, and abdomen, as large as 4.5 x 4cm and with maximum SUB of 16.8

11/19/19 Cervical lymph node excision: Mature T-cell lymphoma with a follicular helper immunophenotype. Complete effacement of the architecture by a nodular infiltrate composed mainly of small to medium-sized atypical lymphoid cells many of which display abundant clear cytoplasm and slightly irregular nuclei. Few scattered large lymphoid cells with centroblastic or immunoblastic appearance. A few small ill-defined aggregates of neutrophils, rare small non-necrotizing granulomas are noted and occasional unremarkable plasma cells are seen. Rare regressed small germinal centers and frequent bands of sclerotic fibrosis with frequent vessels are seen surrounding many of the nodules. Eosinophils or prototypical Hodgkin/Reed-Sternberg cells/LP cells are not observed. CD20 and PAX5 highlight frequent small B-cells within the nodules. CD5, CD2, CD3, CD7 and CD43 show an abundant number of T-cells, which appear to outnumber the B-cells in many of the nodules. However, a subset of T-cells is negative for CD7 while a slightly smaller subset appears to be negative for CD3 and weakly positive for CD5. CD2 shows, in addition, frequent "dot-like" positivity. A large subset of T-cells

Patient: CH

Age: 55

Sex: M

Presenter: Sara Samimi M.D., Stefan Barta M.D.

History of present illness:

In March 2019, he first noted an isolated lump on his left forearm. This lesion continued to increase in size followed by a pruritic eruption involving his arms and legs. He was initially treated for presumed tinea versicolor with oral ketoconazole and noted some improvement. However, in late August, he noted worsening of his skin, swollen glands in his neck and groin. He noted some weight loss, up to 10 pounds over the preceding few months.

Of note, he is known to be a carrier of HTLV, which he acquired from his mother via breast feeding.

Meds: Interferon alpha 5miu M-F, zidovudine 300mg three times daily, arsenic trioxide, allopurinol, gabapentin, halobetasol, Bactrim, valtrex

Physical Examination: He presents with pink and violaceous nodules on left arm and thighs; smaller thin violaceous and hyperpigmented plaques, in a somewhat digitate pattern on flanks, most notable on chest, abdomen, arms and legs; thin violaceous papules on upper cheeks.

Labs:

HTLV III Positive, LDH 399, AST 102, ALT 212, WBC 14, Ca 10.9, HIV negative
TCR/PCR, 10/7/19, blood – positive, 228 bp, 182 bp
10/7/19, left arm superior and left arm inferior – positive, 228 bp peak, 182 bp peak with Flow, 10/7/19: CD4:CD8 107.44, CD4+CD7- 89 %, CD4+CD26- 77 %

Imaging, PET/CT Tumor Localization Whole Body 10/21/2019:

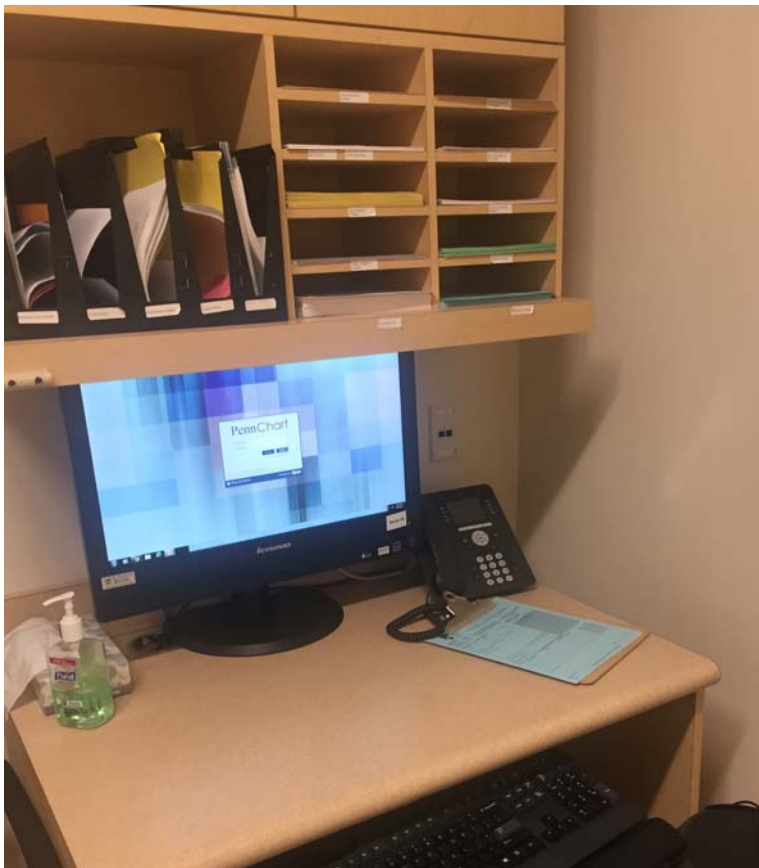
Hypermetabolic malignancy in the supra and infradiaphragmatic nodal stations including the cervical, supraclavicular, axillary, hilar and inguinal nodal stations bilaterally. This indicates active and bulky widespread nodal disease. Diffuse increased uptake in the spleen is suspicious for splenic involvement.

Pathology: To be discussed.

11/14/19, Lymph node, left inguinal, excision: Mature T-cell lymphoma with features most compatible with adult T-cell Leukemia/lymphoma.

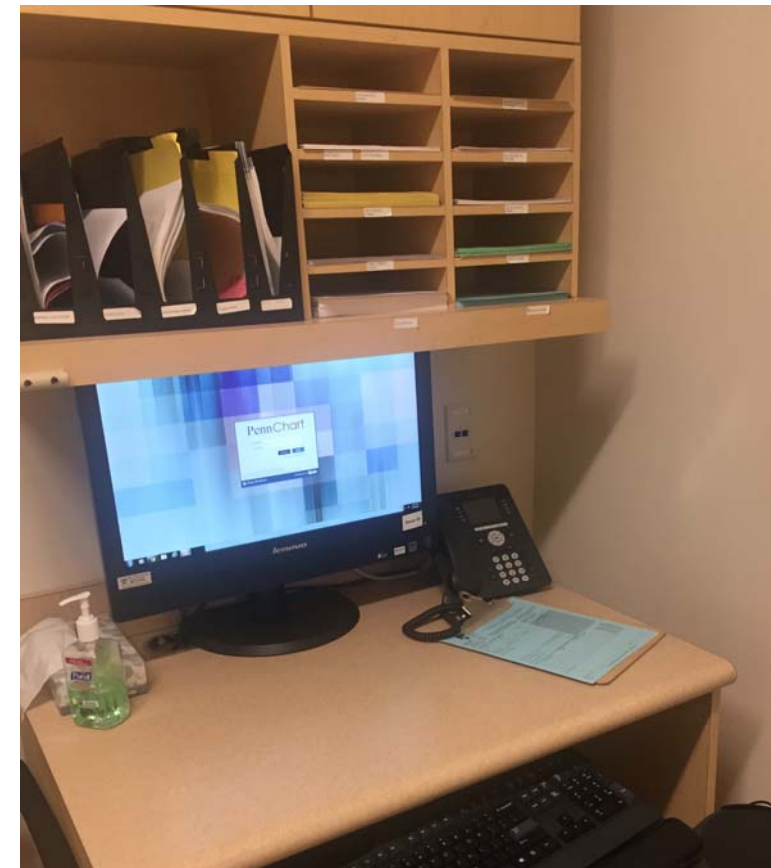
Diagnosis: To be discussed.

Treatment: To be discussed.





- Easy access of patients' history
- Let the patients IM directly to their physicians
- Commute to local drug stores, other hospitals
- Recall previous pictures, investigations, biopsy results





Comparison of Education

- More self-studied required
- Less extra-curriculum presentation
- Class is more interactive with residents being a part of the discussion
- Residents are more out-spoken and interact in grand rounds and teaching rounds

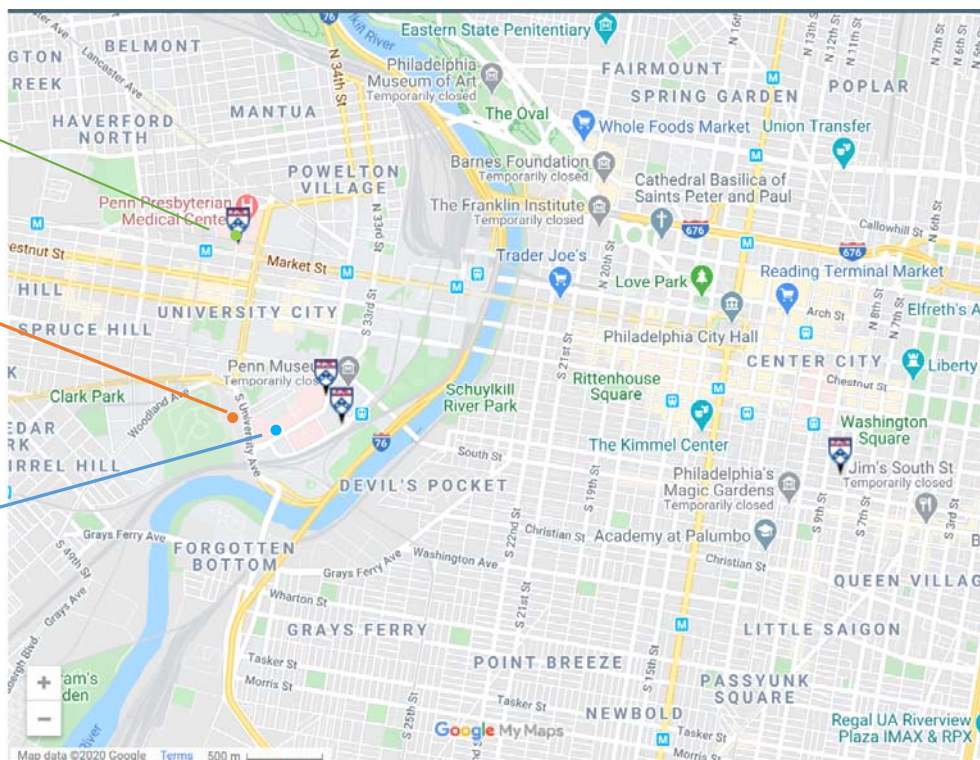


Comparison of Education

Penn Presbyterian Medical Center

VA Medical Center Hospital

Children hospital of Philadelphia



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- “Gallop” on Friday lunch by 3rd year residents
- Grand round on Thursday morning by 2nd and 3rd year residents

Comparison of Treatment and Technique

- Many treatment modality differences



Verruca vulgaris

Candida antigen extract apply IL

Cidofovir apply IL

Liquid Nitrogen more aggressively

Few or none biopsy to confirm diagnosis

Comparison of Treatment and Technique

- Many treatment modality differences

Immunotherapy

Increasing evidence that cellular immune responses play a critical role in wart clearance has inspired the development of topical and intralesional immunotherapy regimens for patients with multiple and/or recalcitrant warts. In a large uncontrolled study⁷³, 154 children and adults with recalcitrant palmoplantar warts underwent successful topical sensitization with 2% diphenylcyclopropanone (DPCP) followed by at least six applications of 0.5–4% DPCP to their warts at 3-week intervals. An 88% complete clearance rate was observed after an average of 6 months, with only local side effects (pruritus, blistering, eczematous reactions). Similar clearance rates have been reported for other contact sensitizers such as squaric acid dibutyl ester (SADBE), with application frequencies ranging from daily to monthly (often twice weekly), and regression of distant untreated warts has also been described.

Intralesional injection of *Candida*, *Trichophyton*, and/or mumps skin test antigens represents another approach to immunotherapy for warts in immunocompetent adults and children. In a randomized controlled clinical trial, a significantly higher clearance rate for treated as well as distant untreated common warts was observed in patients receiving intralesional antigen as compared to placebo at 3-week intervals for a total of up to five treatments (60% versus 22%, and 41% versus 19%, respectively)⁷⁴. Effective treatment of flat warts and anogenital warts with topical and intralesional immunotherapy has also been described.

Antiviral Agents

Cidofovir is an acyclic nucleoside phosphonate with broad-spectrum activity against DNA viruses, including HSV and molluscum contagiosum, and it is approved for the systemic treatment of cytomegalovirus retinitis in AIDS patients. Although limited by the potential for renal toxicity, systemic treatment with cidofovir has shown efficacy in patients with HPV-associated lesions, including extensive cutaneous warts and severe RRP with pulmonary involvement. Intralesional injection of cidofovir and topical application of 1–3% cidofovir incorporated into an ointment, cream or gel base have been successfully used in a limited number of immunocompetent or immunosuppressed (e.g. HIV-infected) patients with cutaneous warts, condylomata acuminata, intraepithelial neoplasias, or RRP^{75,76}.

Verruca vulgaris

Candida antigen extract apply IL

Cidofovir apply IL

Liquid Nitrogen more aggressively

Few or none biopsy to confirm diagnosis

Comparison of Treatment and Technique

- Many treatment modality differences



Psoriasis

Biologics are much more easily accessible

Routine screening labs are quite similar

Longer follow up period of 3 to 6 months

Biologics can be injected without doctor appointment

Comparison of Treatment and Technique

- Many treatment modality differences



Alopecia areata

Intralesional kenacort was injected very superficially

Tofacitinib is taken 2.5 mg BID orally

Longer follow up period of time



Comparison of Treatment and Technique

- Many treatment modality differences

Hydradenitis suppurativa and Central Centrifugal Cicatricial Alopecia

Common among Caucasian in HS

Common among African American in CCCA

Severity range from mild to severe which differ in terms of management

Comparison of Treatment and Technique

- Many treatment modality differences

TABLE 78-2

Treatment Algorithm for Acne Vulgaris

	MILD COMEDONAL	MODERATE PAPULAR OR PUSTULAR	SEVERE PAPULAR OR PUSTULAR	NODULAR	CONGLOBATA OR FULMINANS
First	Topical retinoid or combination*	Topical retinoid + topical antimicrobial or combination*	Oral antibiotic + topical retinoid ± BPO or combination*	Oral antibiotic + topical retinoid ± BPO	Oral isotretinoin ± oral corticosteroids
Second	Topical dapsone or azelaic acid or salicylic acid	Topical dapsone or azelaic acid or salicylic acid	Oral antibiotic + topical retinoid ± BPO or combination*	Oral isotretinoin or oral antibiotic + topical retinoid ± BPO-azelaic acid or combination*	High-dose oral antibiotic + topical retinoid + BPO or combination*
Female	—	—	+ Oral contraceptive-antiandrogen	+ Oral contraceptive-antiandrogen	+ Oral contraceptive-antiandrogen
Additional options	Comedone extraction	Comedone extraction, Laser or light therapy, photodynamic therapy	Comedone extraction, laser or light therapy, photodynamic therapy	Comedone extraction; intralesional corticosteroid, laser or light therapy, photodynamic therapy	Intralesional corticosteroid, laser or light therapy, photodynamic therapy
Refractory to treatment	Check compliance	Check compliance Exclude gram-negative folliculitis Females: exclude PCOS, adrenal or ovarian tumors, CAH Males: exclude ECAH			
Maintenance	Topical retinoid ± BPO, or combination*	Topical retinoid ± BPO, or combination*	Topical retinoid ± BPO, or combination*	Topical retinoid ± BPO, or combination*	

Acne

Oral antibiotics is rarely used, especially in adolescent women

Only severe nodulocystic acne is referred to see dermatologists

Oral spironolactone is used frequently

*Manufactured combination products include benzoyl peroxide (BPO)-erythromycin, BPO-clindamycin, adapalene-BPO, and tretinoin-clindamycin.

CAH, congenital adrenal hyperplasia; PCOS, polycystic ovarian syndrome.

Adapted from Gollnick H, Cunliffe W, Berson D, et al. Management of acne: a report from a Global Alliance to improve outcomes in acne. *J Am Acad Dermatol*. 2003;49(1Suppl):S1.



Comparison of Treatment and Technique

- Many treatment modality differences

Technique

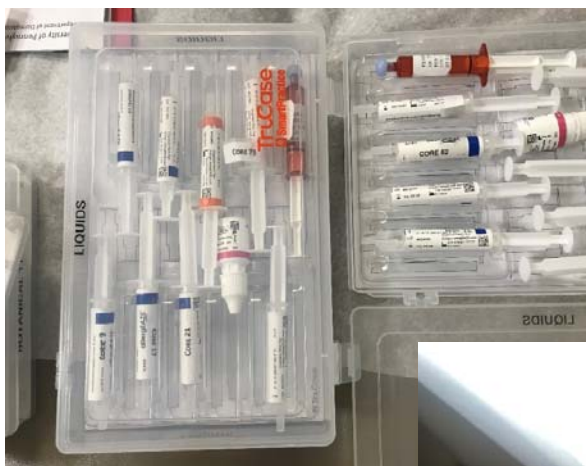
Shave biopsy is frequently performed to confirm the diagnosis

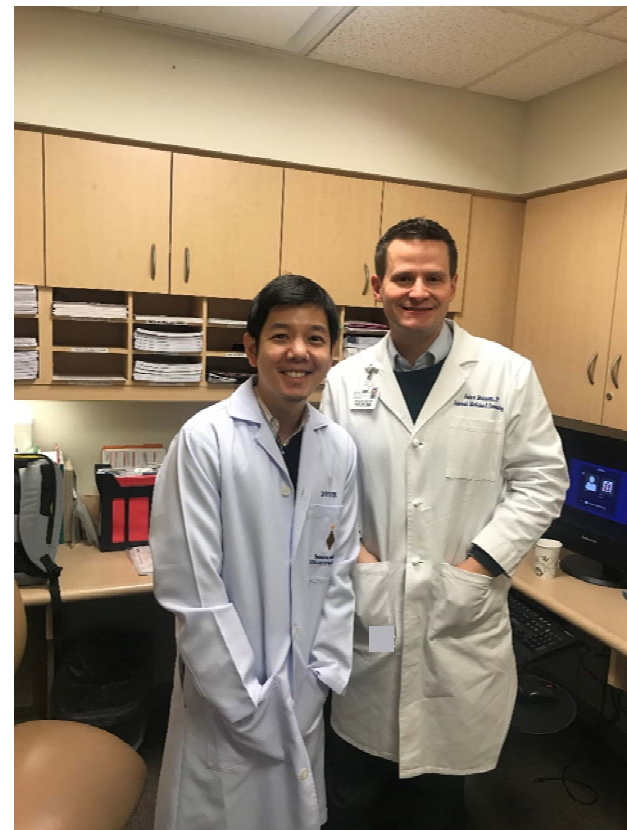
Excellent wound healing in Caucasian patients

Benign lesions are less likely to be excised

The cost of performing unnecessary tumor removal is expensive

Allergic Contact Dermatitis Clinic







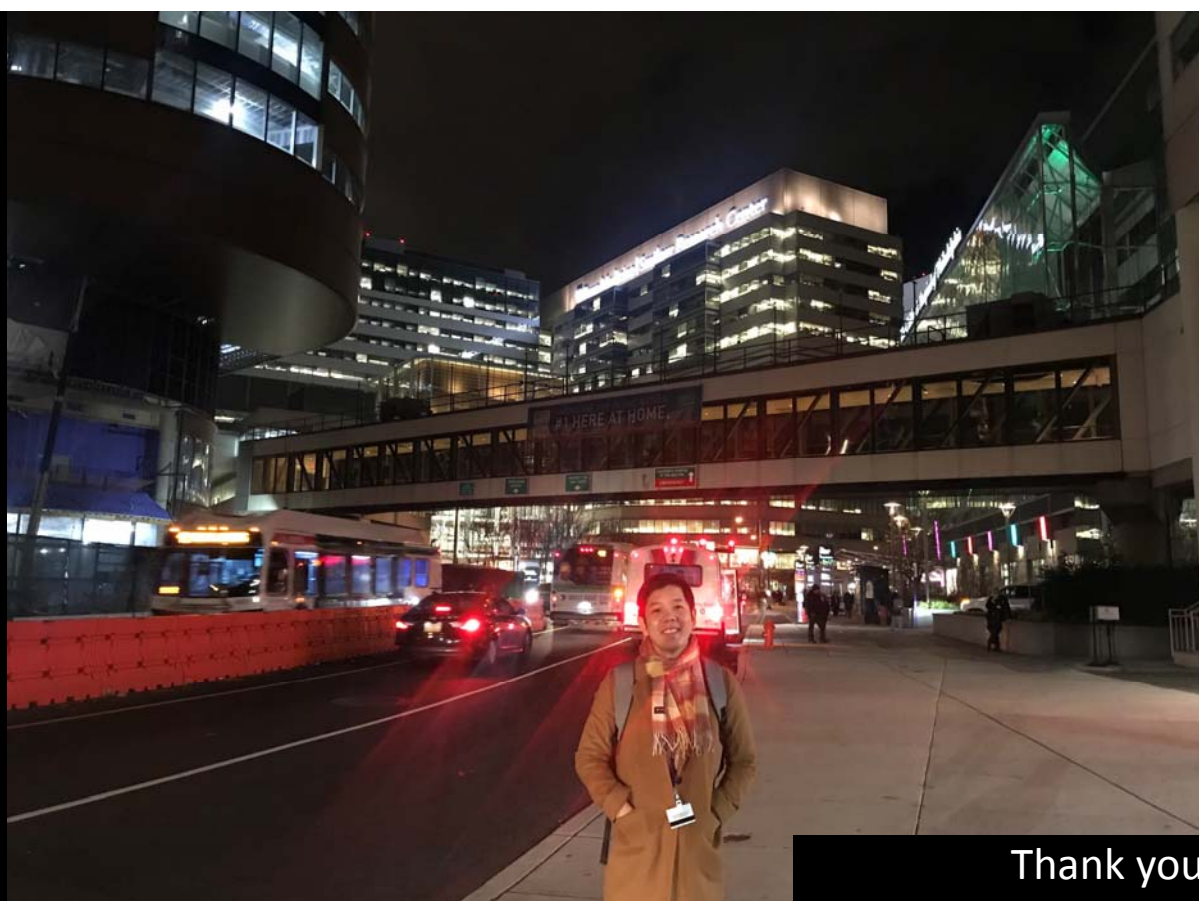
Around campus





Benefit

- Experience to be a part of world renowned dermatologists
- Newer medications, biologics, treatment modalities towards common dermatologic disease
- Witness some rare dermatologic skin diseases that are less common in Asians



Thank you