

# State of Cosmetic Dermatology, 2008

In December 2007, I presided over the 6th Annual Meeting, Exhibition & Workshops of the American Society of Cosmetic Dermatology & Aesthetic Surgery (ASCDAS) in Las Vegas, Nevada. In addition to being one of the founding members of ASCDAS, I was privileged to be president this past year. On the first day of the meeting, I gave a speech titled, "State of Cosmetic Dermatology, 2008," which I will distill into a shorter narrative for this guest editorial. *Cosmetic Dermatology*<sup>®</sup>, the official publication of ASCDAS, has helped our society from the start and continues to assist not only our society but dermatologists across the world.

Cosmetic dermatology is gaining acceptance, but there are also many forces that threaten our specialty. I will discuss the positive aspects first.

## GROWING ACCEPTANCE OF COSMETIC DERMATOLOGY

As a specialty, cosmetic dermatology is more accepted than ever before. Whereas it was considered somewhat radical during the 1990s to be a dermatologist performing liposuction and laser treatments, it is considered normal in 2008. Additionally, it is a common expectation among the general populace that dermatologists will not only treat the skin, but find ways to improve it via medications or cosmetic treatments such as botulinum toxin type A, fillers, or lasers. We have, in many ways, leapfrogged the competition to be the favored profession and seem to have achieved cult status among medical students trying to decide upon a career.

The science of cosmetic dermatology has increased exponentially within the past decade. At the ASCDAS meeting, we were fortunate to have speakers such as Chérie Ditre, MD, Richard Fitzpatrick, MD, David Goldberg, MD, Gary Monheit, MD, and John Voorhees, MD, among a list of 50 invited faculty. All of these invited faculty have significantly enhanced our knowledge of cosmetic dermatology while performing groundbreaking research in topics that otherwise would have lain dormant. In particular, Dr. Voorhees' research on new collagen formation with Restylane injections has provided a new emphasis on how such treatments can not only form new collagen, but stimulate the growth of collagen via mechanisms that were previously unexplained.

Teaching residents in cosmetic dermatology is one way that ASCDAS, now in its seventh year, is helping

to shape a bright future. The society paid for more than 300 residents to attend the most recent ASCDAS meeting with the approval of their residency directors. In recent years, this might not have happened as a result of the lack of enthusiasm of program directors. Today, however, cosmetic dermatology is accepted as the newest area in which dermatologists have re-created the field, enhancing dermatology from what it was in the 20th century. This evolution is a testament to the wonderful things that can happen when an innovative profession puts its best minds together.

New treatments created by dermatologists and pharmaceutical companies are also a large and positive influence for our field. This year, we can expect new forms of drugs like botulinum toxins, fillers, and acne medications. New developments stimulate public interest in our profession and add to patient options, which is always a positive thing. The investment that pharmaceutical companies are making in dermatology has turned out to be an excellent one for both the companies and dermatologists. Hopefully this exchange will continue to be strong and mutually beneficial.

## CHALLENGES FOR COSMETIC DERMATOLOGY

On the negative side, our profession is seeing a slew of imitators. We accept some imitation from plastic surgeons who once ridiculed us; however, we reject imitation from noncore specialists. Sadly, we are seeing medispas spring up on nearly every corner in large cities and in even larger numbers in small towns. The emergence of poorly planned and poorly staffed medispas, sometimes producing terrible results, is difficult to accept knowing the ultimate consequences it may have on our profession and on the patients who seek treatment at these establishments.

In my town of Omaha, Nebraska, many dermatologists have seen unspeakably bad burns on scores of patients from laser procedures performed at medispas. These medispas are run with little or no supervision and go out of business on a nearly daily basis, only to have a new one pop up and run in absentia by another disaffected family doctor or emergency room physician. Such doctors call themselves skin care specialists, but the reality is much less impressive.

Another challenge facing cosmetic dermatology is the introduction of new treatments before they are deemed ready or safe for use. LipoDissolve and other forms of

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phosphatidylcholine/deoxycholate are nearly ubiquitous in medispas and are often introduced to patients who eventually become unhappy with or harmed during treatment. Of note, fig., the company that started the LipoDissolve craze, recently garnered an unsatisfactory rating by the St. Louis, Missouri, Better Business Bureau as a result of customer complaints and poor customer service. Because of financial insolvency, fig. has ceased operation; this company had no approval from the US Food and Drug Administration and chose not to obtain approval prior to starting their business and administering thousands of treatments.

On the other side of regulation, we are witnessing bona fide companies encountering more scrutiny of their products and greater challenges to products in the pipeline. Whereas this may seem contradictory to my stance in the previous paragraph, the point is that there should be some middle ground in the regulation of new products and treatments. New treatments should be safe and tested, but trusted treatments, such as topical immunomodulators, isotretinoin, and hydroquinone, should not become caught up in bureaucracy while other treatments, like LipoDissolve, are given a pass.

### SUMMARY

During my tenure as president of ASCDAS, I witnessed a stunning increase in the participation of dermatologists in professional meetings. This argues well for cosmetic dermatology. When reputable, licensed dermatologists are heavily involved in procedures that require botulinum toxin type A, fillers, liposuction, and lasers, patients will hopefully choose them rather than a staff member at the local medspa. With abundant educational opportunities at meetings such as those of the American Academy of Dermatology, the American Society for Dermatologic Surgery, and ASCDAS and the media seeking experts for opinions and explanations regarding cosmetic surgery, the future indeed looks rosy. It has been a pleasure being your president, and I am excited to leave the organization to Ranella Hirsch, MD, our incoming president. The year ahead looks to be a great one under her expert guidance.

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