

UNDER MY SKIN

Derm Layspeak

The man's complaint came as no surprise.

"Doctor, can you look at my molds?"

This is a common request that has minor variations. For instance, patients from the former British Commonwealth ask me to check their moulds.

"Did you ever have any removed?"

"Yes, but it was no problem. They did an autopsy."

I examined his back, looking for a scar. "Where were they taken off?"

"In Chicago."

"Who would have the test results?"

"I'm afraid I don't remember who removed them. It was a doctor."

"Do you have any allergies to medication?"

"I can't take any of the cillins. A pill they once gave me for roseola did a number on my stomach. Doxycillin, that was it."

"Is there a family history of skin cancer?"

"My Dad had several melanomas on his face. And my aunt had a different one. It wasn't the brash kind, it was more reticent ... oh yes, a squeamish cell."

"Anybody else?"

"My cousin had something taken off too, but it was OK, just a karyotis."

"Have you had other skin problems?"

"Yes, I was treated with nitroglycerin for planter's warts. Some kind of fungus."

"Warts are a virus."

"Yes. And besides the fungus, I also had athlete's foot. The itch was terrible. I got a cream."

"Do you remember which one?"

"It came in a tube."

"Do you know the name?"

"It was white."

"Do you have a history of rashes?"

"Yes, I've had eczema for years."

"Any family history of eczema?"

"My uncle had psoriasis."

"Is your eczema pretty constant?"

"No, it comes and goes. At the change of seasons it tends to exasperate. Then I go to the doctor, and he describes something."

"Which helps?"

"Oh yes. Whenever there's an exasperation, I get a subscription and the eczema goes into recession."

"Which cream is that?"

"It comes in a tube."

"And it's white?"

"No, actually it's kind of clear. I think I remember the name ... fluconide ... flo-cunood ... flucafloca ... flinkanode ..."

"Lidex?"

"That's it!"

"You're new to the practice. How did you find me?"

"You seem OK."

Discussions with patients can strongly impact me.

Sometimes it takes a couple of hours and a Jack Daniels on the rocks for me to be fully disimpacted. ■



BY ALAN
ROCKOFF, M.D.

DR. ROCKOFF practices dermatology in Brookline, Mass. To respond to this column, write Dr. Rockoff at our editorial offices or e-mail him at sknews@elsevier.com.

GUEST EDITORIAL

A Wrinkle-Free Ride to Dermatologic Happiness

My journey to becoming a cosmetic dermatologist was a transforming one.

My training in dermatology and in fact, in medicine, was classical and conservative.

After completing my undergraduate education as an A.B. Duke scholar at Duke University in Durham, N.C., I went to medical school at the University of Pennsylvania, Philadelphia, with the intent of becoming a surgeon.

When I decided on dermatology, I pursued my residency training and then completed a dermatopathology fellowship at the University of Chicago: decidedly not a cosmetic institution.

If someone had told me, when I was becoming dual board certified in dermatology and then in dermatopathology, that I would be injecting Restylane and Botox a few years down the road, I would have laughed.

My metamorphosis began with Botox.

I was in West Palm Beach, Fla., reading about how to manage a private practice, when word started to trickle down from Canada that Alastair Carruthers, M.D., was playing around with something I'd always thought of as poison. It piqued my curiosity.

I had been leading a solid general dermatology practice that included about 20%-25% dermatopathology and plenty of skin cancer, since I had trained at the University of Chicago Melanoma Center.

Less than 10% of my practice was cosmetic, which at that time meant trichloroacetic acid (TCA) peels, carbon dioxide laser resurfacing, and collagen injections.

I'll confess, I had started to really wonder if I would recertify in dermatology at

my 10-year mark, because, frankly, I was getting bored.

That was before I saw the light and was converted.

I started doing Botox.

In a million years, I never would have thought of touching botulinum toxin, that is, until I read about its evolving use in cosmetic dermatology. But when I read the early scientific papers on Botox, I began to realize what was possible with this agent.

Today, my practice is 50% cosmetic and could be higher if I so desired.

I balance cosmetic and surgical dermatology and still practice some dermatopathology because of my diverse interests.

I'm happy, and I'm not bored anymore.

Why?

Every day my cosmetic dermatology journey takes me down paths I find interesting.

Every day I learn something new.

Cosmetic dermatology is evolving faster than any other aspect of our field. If you have any doubt, look around you, see what's being published, and see who's at exhibition booths.

I'm intellectually renewed.

Where frankly I was so uninterested, I just couldn't pick up the Blue Journal (Journal of the American Academy of Dermatology) anymore, now I really love to read. I've been stimulated to relearn anatomy.

I find myself sitting on stage at cosmetic dermatology meetings with seriously intelligent people who are breaking new ground in this burgeoning field of medicine, and I want to keep up. I read every day now, something I never did even in medical school.

Botox was also the impetus for me to

begin conducting clinical trials.

I started out with the notion that it is possible for any dermatologist to figure out how to do Botox well if they spend time with really good injector. I asked, and every person I asked opened doors to me. Now I have the opportunity to conduct my own research and teach others.

My participation in clinical trials of Botox led to clinical trials in soft tissue augmentation and intense pulsed light.

In turn, my interest in research evolved into writing about topics in cosmetic dermatology, something I've discovered that I really enjoy.

I've participated with colleagues in publishing chapters in books, and I review articles submitted for publication, giving me a glimpse at the future of dermatology.

I've become a public speaker. When I was class president in high school and had to give a speech, I blew it off and spoke for 2 seconds.

Now I've become comfortable behind a microphone, speaking about something that really interests me.

It's fun and it's invigorating, and I get to travel.

It gets me out of the office into a new time zone.

My journey has brought me financial freedom as well.

I don't know if I make more money now than if I had confined my practice to just Mohs surgery; the answer is probably not.

But I do dictate the terms of my practice. For me, that in and of itself is satisfying. I've learned business skills.

When you're a cosmetic dermatologist, you're forced to look at aspects of medicine you ordinarily wouldn't think about: sales, marketing, the cost of goods, and overhead.

It may be crass, but it's a simple reality of medicine today.

Some of us may discover we actually like it.

I've found that I love it. It's amazing—I've started to read the Harvard Business Review.

I've met great people. Cosmetic dermatology patients have very high discretionary incomes. They have interests similar to mine, and I get to see them on a regular basis.

I've opened a window to these peoples' lives.

Have there been bumps in the road? Certainly.

When bad publicity surrounds a cosmetic procedure performed by an untrained physician or nurse, it hurts business.

Cosmetic dermatology is not without its faults or foibles.

Still, I've found renewal in my professional life and I credit my journey into the world of cosmetic dermatology. ■

DR. BEER is a dermatologist in West Palm Beach, Fla. He disclosed that he has received funding from Allergan (Botox) and Medicis Aesthetics Inc. (Restylane).



BY KENNETH R.
BEER, M.D.

