

Dr. Lebowhl Declares ‘The Year of the Patient’

DERMATOLOGY CHAIR ELECTED PRESIDENT OF THE AAD



Mark G. Lebowhl, MD

By Marsha Gordon, MD

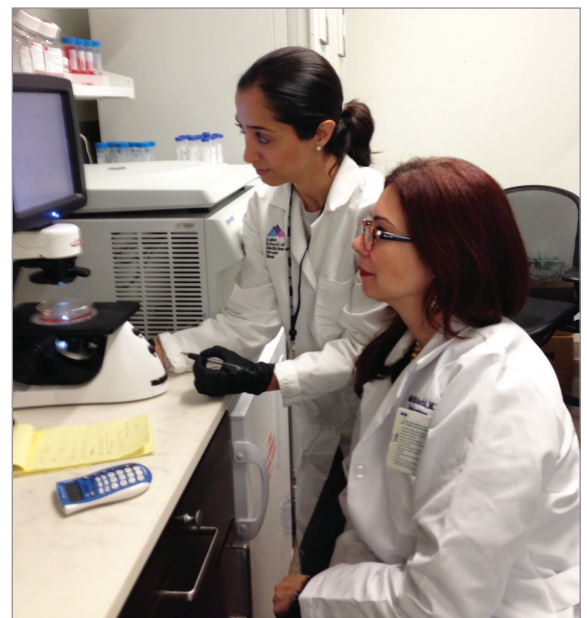
Dr. Mark Lebowhl, the Sol and Clara Kest Professor and Chair of the Kimberly and Eric J. Waldman Department of Dermatology, was elected President of the American Academy of Dermatology (AAD), an organization of over 18,000 members. In his role as the incoming leader of the largest and most influential professional society of dermatologists in the world, Dr. Lebowhl has designated his term as “The Year of the Patient.”

“I am assuming the presidency at a time of tremendous change, and not all of these changes serve to improve healthcare,” notes Dr. Lebowhl. “We are entering a period when patients’ access to physicians is being limited, treatments we prescribe are routinely denied by insurers, and the costs of medications are soaring. It is imperative that we take every opportunity to improve the ability of dermatologists to administer the highest quality of care. By allying ourselves with patient advocacy groups, we are striving to achieve much more than we could by ourselves.”

Mount Sinai Leads the Way in Melanoma Research

The rate of melanoma, the deadliest skin cancer, has increased over the past 40 years. In the United States, one person dies every hour from this disease. Melanomas that are detected early can be cured, but advanced lesions often have dismal outcomes.

Dr. Julide Tok Celebi, Professor and Vice Chair of the Department of Dermatology at the Icahn School of Medicine at Mount Sinai, is an expert in the area of pigmented moles and melanoma. She evaluates and treats patients in her clinical practice, and she studies the genetics of melanoma in her research laboratory at the Tisch Cancer Institute



Dr. Julide Tok Celebi (right) works with Brateil Badal, a PhD candidate in the Cancer Biology Program at the Icahn School of Medicine at Mount Sinai.

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How We Evaluate and Treat Challenging Skin Diseases

By Jacob Levitt, MD

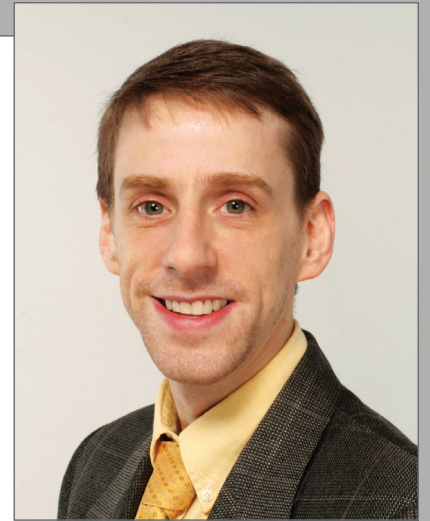
Let's say that you have been to two different dermatologists, but your condition has not improved. Maybe you have been diagnosed with a serious skin problem affecting your health or quality of life, such as severe eczema or psoriasis, psoriatic arthritis, a blistering disorder like pemphigus vulgaris, or advanced skin cancer. Your community dermatologist may have recommended an academic center.

What we strive for at Mount Sinai are the following critical factors important for your care. First, we spend time listening to the history of your disease and understanding its impact on your life. Then we perform a thorough skin examination, which often reveals important findings that may or may not be related to your chief complaint. Once your diagnosis is clear, we offer treatment options based on your personal needs and on the vast collective experience of our faculty.

We consider any medication or method that will make a patient better. Our general strategy is to limit the exposure to drug risks while maximizing benefit. Sometimes patient-physician partnerships fall

“Once your diagnosis is clear, we offer treatment options based on your personal needs”

down by rejecting good treatment options due to overestimating risks. First and foremost, the degree to which a disease threatens function, causes severe pain or discomfort, or is potentially life threatening will dictate how aggressively we treat. How much the disease bothers the patient is the second most influential factor in the decision-making



Jacob Levitt, MD

process. We might recommend simply watching. Sometimes deciding not to treat is the best option. We recommend topical strategies for mild conditions, but we also have the ability to treat severe diseases with the latest FDA-approved drugs as well as investigational agents and methods undergoing clinical trials at Mount Sinai.

Often there is a powerful short-term fix and a milder maintenance regimen, allowing us to bring about rapid improvement while mitigating the long-term risks. And finally, it is important to realize that a challenging condition might not respond to the first medication prescribed. Finding

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Please add me/us to the mailing list of the Department of Dermatology.

Please fill out both sides, detach this form and mail to:

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Skin Health

WINTER 2015

Fractionated Laser – a path to clear skin

By Gary Goldenberg, MD

We all want beautiful skin, without age spots, large pores, acne scars, or wrinkles. The good news is that there is a single cosmetic surgery device that can help achieve this: a fractionated laser called the Fraxel re:store Dual®. This laser is “non-ablative,” which means that it does not create open skin wounds. During treatment, fractionated lasers create thousands of tiny deep columns, known as thermal zones. Adjacent areas are unaffected, which allows for better and faster healing. Patients usually have 2 or 3 days of redness and swelling in the treatment area. Improved skin texture and color may be seen within 2 weeks. Maximal results are expected at about one month after treatment.



Before (left) and after (right) one treatment with fractionated laser

Dr. Gary Goldenberg is an Assistant Professor of Dermatology in the Kimberly and Eric J. Waldman Department of Dermatology and a member of the Mount Sinai Doctors Faculty Practice with offices at 5 East 98th Street and 35 East 85th Street (<http://icahn.mssm.edu/goldenberg>).

F.Y.I.
(FOR YOU INSIDE)

- ◆ YEAR OF THE PATIENT
- ◆ MELANOMA RESEARCH
- ◆ EXPLAINING SHINGLES
- ◆ MANAGING SERIOUS SKIN DISEASES

To book a dermatology appointment at Mount Sinai Doctors Faculty Practice, please call (212) 241-9728 or book online at www.MountSinaiDermatology.com

about **Shingles**



Barry L. Smith, MD

Q. What causes shingles?

A. Shingles, also known as herpes zoster, is a painful skin condition caused by the varicella-zoster virus, which also causes chickenpox. The virus can lie dormant in a nerve root after chickenpox infection or vaccination and reactivate years later to cause the blistering eruption known as shingles. Shingles can occur at any age but most commonly affects individuals over age fifty. Medical conditions and medications that suppress the immune system can increase one's risk of getting shingles.

Q. What are the symptoms of shingles?

A. The rash from shingles is usually limited to one side of the face or body. It begins with a burning, itching, or tingling sensation with possible systemic symptoms such as fever, headache, and malaise. Within a few days, painful blisters and redness develop on the affected area

of skin (see photo). The blisters tend to crust over in about seven to ten days and heal within a month, sometimes with complications such as scarring, itching, or burning pain.

Q. How do physicians treat shingles?

A. Most cases of shingles can be treated with antiviral medications available by prescription. If initiated early in the course, antiviral therapy shortens the duration of the outbreak and reduces its severity. Early treatment may also decrease the risk of complications. The pain from shingles can be severe and may require pain medication for relief. Topical ointments and dressings are sometimes recommended to reduce sensitivity and to decrease the risk of secondary bacterial infection.

Q. What is postherpetic neuralgia?

A. The most serious complication of shingles is long-lasting discomfort known as postherpetic neuralgia. It is described as sharp, burning pain or itching that can be very severe and interrupt daily activity. Treatment of postherpetic neuralgia includes topical anesthetics and several classes of oral drugs such as pain relievers, anti-seizure medicines, and tricyclic antidepressants.

Q. Can shingles be prevented?

A. A vaccine to prevent shingles is available. It was designed to boost the immune response and keep the virus from reactivating. Vaccination is recommended for most adults over age sixty with healthy immune systems.

Dr. Barry L. Smith is an Assistant Professor of Dermatology at the Icahn School of Medicine at Mount Sinai, and Director, Adult Dermatology Consultation Service, Mount Sinai Beth Israel Medical Center (<http://icahn.mssm.edu/bsmith>).



An early case of shingles with red plaques and small blisters on one side of the body.

WISHING YOU A HAPPY & HEALTHY NEW YEAR
THANKS FOR YOUR GENEROUS SUPPORT



All gifts made to the Department of Dermatology in 2014
will be listed in the Spring/Summer 2015 issue of Skin Health.

Mount Sinai leads the way in Melanoma Research

(CONTINUED FROM PAGE 1)

at Mount Sinai. She and her laboratory team are working on new methods of diagnosing melanoma and identifying molecules that can be targeted to develop novel treatments.

Recently Dr. Celebi was awarded research funding from the National Cancer Institute of the National Institutes of Health, the Melanoma Research Foundation Team Science Award, and the Icahn School of Medicine at Mount Sinai project grant program. She collaborates with experts in the fields of pathology, genetics and genomics, bioinformatics,

oncological sciences, structural biology, and chemistry. "Our team is committed to deepening our understanding of melanoma through cutting-edge science," said Dr. Celebi.

Dr. Julide Tok Celebi is a Vice Chair of the Kimberly and Eric J. Waldman Department of Dermatology; Professor of Dermatology and Pathology at the Icahn School of Medicine at Mount Sinai; and a member of the Mount Sinai Doctors Faculty Practice (<http://icahn.mssm.edu/jcelebi>).



Melanomas most commonly arise on the skin as irregular lesions of various colors.

Skin Health

FROM THE KIMBERLY AND ERIC J. WALDMAN DEPARTMENT OF DERMATOLOGY

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How We Evaluate and Treat Challenging Skin Diseases

(CONTINUED FROM PAGE 5)

the right one can require patience, trust, and step-wise options supported by the best quality scientific evidence.

Sometimes patients do not wish to be treated with the most aggressive medicines. In such instances, we respect our patients' wishes. Our goal is to return lives to normalcy through appropriate treatment choices.



A challenging case of fingertip ulcers caused by Raynaud's disease was successfully treated with botulinum toxin injections to prevent arterial spasms.

THINGS TO CONSIDER WHEN CHOOSING THERAPY

- Does the disease interfere with quality of life
- Is the skin condition potentially life-threatening
- Can the patient afford the first-line treatment
- If not, is there a less expensive way of treating
- What therapeutic options were tried in the past
- Does the patient have other medical problems
- Is there a history of allergies, including to drugs
- Which other medications does the patient take
- Does the patient understand the side effects
- Will the treatment interfere with daily activities

Dr. Jacob Levitt is a Vice Chair and Residency Program Director of the Kimberly and Eric J. Waldman of the Department of Dermatology; Associate Professor of Dermatology at the Icahn School of Medicine at Mount Sinai; and a member of the Mount Sinai Doctors Faculty Practice (<http://icahn.mssm.edu/jlevitt>).

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