

Skin Health



FROM THE KIMBERLY AND ERIC J. WALDMAN DEPARTMENT OF DERMATOLOGY

FALL/WINTER 2018

When the Doctor Arrives—on the Internet

By **Mohammad-Ali Yazdani, MD**, Dermatology Resident

Diagnosing and treating patients from hundreds of miles away using online platforms is the basis of telemedicine, a new and fast-growing trend. In dermatology, there are already numerous studies highlighting the value of teledermatology in delivering quality care to communities where dermatologists are scarce.

Herbert Goodheart, MD, oversaw the first teledermatology initiative at Elmhurst Hospital Center, a Mount Sinai Health System affiliate. This year, the Kimberly and Eric J. Waldman Department of Dermatology launched a formal teledermatology program directed by **George Han, MD**, at Mount Sinai Beth Israel. Under the supervision of Dr. Han, residents see patients remotely in real time at Bassett Medical Center in Cooperstown, New York.

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Shira Wieder, MD, logs in to our secure teledermatology website for a visit with a patient in Cooperstown, New York.

Introducing the Dermatology Service to Treat Systemic Diseases



Saakshi Khattri, MD

The Kimberly and Eric J. Waldman Department of Dermatology is proud to announce the launch of the Dermatology Service to Treat Systemic Diseases, an innovative service directed by **Saakshi Khattri, MD**, a physician who is board certified in both dermatology and internal medicine, with subspecialty certification in rheumatology.

By combining her knowledge of dermatology (the study of skin diseases) and rheumatology (the study of joint and connective tissue diseases), Dr. Khattri will focus on the problems of patients with complex skin disorders and skin problems associated with systemic diseases. Autoimmune disease is one of the main categories in which both skin and internal organs can be affected. “Many

times skin is the first organ to be involved, and sometimes it can be the only organ involved, for example, in discoid lupus,” says Dr. Khattri. “As a board-certified rheumatologist and dermatologist, I bridge the gap between the two specialties and am able to treat the manifestations of complex disorders without the need for patients to have two different providers.”

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New Treatments Can
Produce Great Results



Giselle Kranjac Singer

Dermatology Clinical Trials at Mount Sinai: The Five Ws

By Giselle Kranjac Singer, Clinical Research Program Director

Many of the new treatments that have been approved by the FDA for psoriasis, atopic dermatitis, and actinic keratoses have been tested in our department, and we are now pioneering new therapies for alopecia areata and vitiligo.

Here are the “Five Ws” that explain our clinical trials:

1 Who?

Our clinical trials are conducted by a team of researchers that includes physicians, scientists, and certified professionals. We invite members of the general public over age 18 with specific skin disorders to participate (*see box at right*). Recently, we have expanded our studies to include children and adolescents for conditions such as atopic dermatitis, alopecia areata, and vitiligo.

2 What?

Clinical trials are studies or observations involving human participants. They are the means by which we are able to develop new treatments for medical conditions and diseases. An ethics review board is responsible for approving the clinical trial design in order to protect patient safety and privacy. In most cases, the goal of a clinical trial is to test whether a new and unapproved drug or treatment is safe and effective therapy for a specific condition, or whether an already approved product is safe and effective to treat a condition other than the one for which it is approved.

3 Where?

Most of our clinical trials are conducted at the Mount Sinai Doctors Faculty Practice main location at 5 East 98th Street, 5th Floor, New York. Our other two locations are at 10 Union Square East, 2nd Floor, New York, and on the Upper West Side at 2109 Broadway, 2nd Floor, New York.

4 When?

The Dermatology Clinical Research Program at Mount Sinai operates 7 am to 6 pm on weekdays. Each clinical trial allows for a certain number of participants. Once that number is reached, the study is closed to additional patients. The duration of a clinical trial can be a few months or even up to several years.

5 Why?

Patients choose to participate in clinical trials for a variety of reasons: having access to a major medical center and the best doctors in the field; being treated at no cost; and receiving the latest medicines before they become available to the public. There are also the benefits of learning more about your condition and helping to advance medical science and develop better and safer treatments.

The Dermatology Clinical Research Program is now enrolling patients (ages 18+) with:

- Actinic keratoses
- Alopecia areata (ages 12+)
- Eczema (ages 6+)
- Pemphigus vulgaris
- Psoriasis (all forms)
- Vitiligo (loss of pigment)

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FROM THE KIMBERLY AND ERIC J. WALDMAN DEPARTMENT OF DERMATOLOGY

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Our nameplate shows a normal skin surface under the microscope. Photo courtesy of Mark R. Wick, MD

Dermatology Residency Program Ranks Fourth in the Nation

By Brian J. Abittan, MD, Dermatology Resident



Dermatology residents at the Icahn School of Medicine at Mount Sinai take a moment for a group photo, in between patient care, research, and studying. The author Brian J. Abittan, MD, is at the far right.

The residency program of the Kimberly and Eric J. Waldman Department of Dermatology is ranked fourth in the nation, according to the leading medical professional network, Doximity. The rankings take into account the quality and reputation of our leadership, teaching faculty, residents, and recent alumni, as well as the scope of learning activities and experiences.

Mark G. Lebwohl, MD, the Waldman Chair of Dermatology at the Icahn School of Medicine, leads the department. He is the world's foremost authority on psoriasis and past President of the American Academy of Dermatology. Our residency program, one of the largest in the country, is directed by Department Vice Chair **Jacob Levitt, MD**, with the assistance of **Alexandra Golant, MD** and **Jonathan Ungar, MD**, associate directors of the Residency Program. The program serves a diverse and multilingual patient population in many regional and community hospitals throughout the greater New York area.

The program offers comprehensive training and experience in all fields of adult and pediatric dermatology. Residents acquire clinical experience working alongside specialists at numerous faculty practice sites, including our state-of-the-art Skin and Laser Center on East 85th Street. We also rotate through the Skin of Color Center, led by **Andrew Alexis, MD, MPH**, the only center of its kind on the East Coast. Our program is one of the first to provide a teledermatology service. The Dermatopathology Department, led by the renowned **Robert Phelps, MD**, provides knowledge of skin diseases on a microscopic level. The department hosts three yearly international symposia featuring medical, surgical,

and cosmetic dermatology, and offers courses in dermoscopy and noninvasive skin imaging. Breakthrough discoveries have been made in our five basic science labs, which allow residents to perform cutting-edge research.

Faculty and residents have authored several leading textbooks and many important articles in key journals. Notable examples are Dr. Lebwohl's *Treatment of Skin Disease*, a clinical guide for dermatologists worldwide, and Dr. Levitt's *Safety in Office-Based Dermatologic Surgery*. Dr. Levitt's book and educational website are essential guides for medical students, residents, nurses, and medical assistants.

Mount Sinai residents have earned many honors and awards. At the New York Academy of Medicine, **Lisa Zhang, MD**, received first prize in the Resident Research Competition, and **Saakshi Khattri, MD**, won first prize at Dermatology Residents Night. For three years in a row, **Aaron Farberg, MD**, won the National Resident Research Competition at the Winter Clinical Dermatology Conference in Hawaii, and he took first place in the Pigmented Lesion Contest at the Real World Dermatology meeting. Mount Sinai leads the nation in dermatology resident publications accepted by prestigious journals, including *The New England Journal of Medicine*, *The Lancet*, *JAMA Dermatology*, and *Nature*. Our residents are also among the highest performers on the annual dermatology board examinations.

It is gratifying to be recognized at the forefront of dermatology training because the goal of a rigorous program is to ensure the future of excellent and innovative patient care.

When the Doctor Arrives—on the Internet *continued from page 1*

Our doctors conduct online interviews and examinations, order tests, and prescribe medications, all from over a hundred miles away.

“Teledermatology allows us to help people in a way that other patients experience in Manhattan, where dermatologists are abundant,” says **Shira Wieder, MD**, a dermatology resident at Mount Sinai. “We have had the opportunity to help patients suffering from untreated psoriasis or atopic dermatitis their entire lives and have never been able to see a dermatologist. Patients are so appreciative of our help and seem to love the service, despite only getting to meet us over the computer.” Dr. Wieder said that some clinic nurses were initially skeptical about the teledermatology concept but now think it is a wonderful addition to their clinic.

Ellen de Moll, MD, a dermatology resident, said she has also enjoyed her time on the rotation. “It has allowed me to help many patients with limited access and provide truly life-changing treatments for everything from acne to severe psoriasis to rare diseases, she says.” Dr. de Moll also noted



Mohammad-Ali Yazdani, MD
Skin Health Contributor

some of the challenges of teledermatology, including the difficulty of obtaining clear images and the inability to touch and apply pressure to skin lesions.

Patient feedback has been very positive, with testimonials such as, “Less wait time to be seen by specialists” and “Getting care from physicians at a premier hospital.” Patients also appreciate the chance to see changes in their clinical photos and receive opinions from several physicians over the course of

their care. Prior to teledermatology, the average wait time for a dermatology appointment for these patients in upstate New York was close to a year. Now they can consult with a Mount Sinai dermatologist within a couple of weeks, and sooner for urgent problems.

“Dermatology lends itself to telemedicine, given the uneven distribution of dermatologists in the U.S. and the visual nature of our field,” says Dr. de Moll.

Introducing the Dermatology Service to Treat Systemic Diseases

continued from page 1

In addition to discoid and systemic lupus, Dr. Khattri treats many other autoimmune diseases, including scleroderma, systemic sclerosis, morphea, cutaneous vasculitis, Raynaud’s syndrome, dermatomyositis, eosinophilic fasciitis, psoriasis, and psoriatic arthritis.

The Dermatology Service to Treat Systemic Diseases will provide patient care at Mount Sinai Doctors Faculty Practice locations on the Upper East Side and Upper West Side of Manhattan. To make an appointment with Dr. Khattri, please call **212-241-9728** or book online at **www.MountSinaiDermatology.com**.

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Managing Skin Rashes During Pregnancy

By Rina A. Anvekar, MD, Assistant Professor, the Icahn School of Medicine at Mount Sinai



Rina A. Anvekar, MD

Pregnancy can be associated with skin conditions that require medical evaluation because of possible health risks to the mother or her baby. The first manifestation may be itching, which affects up to 20 percent of pregnant women. Itching can be mild but in some instances is severe enough to affect sleep and quality of life. Most often, itching is caused

by flare-ups of pre-existing skin conditions like eczema or atopic dermatitis. In such cases, the response to topical corticosteroids and good skin care is usually excellent, and there are no significant effects on fetal or maternal health.

One of the most common rashes specific to pregnancy is called polymorphic eruption of pregnancy (PEP), also known as pruritic urticarial papules and plaques of pregnancy (PUPPP). PEP is linked to rapid weight gain and multiple pregnancies. It usually begins with itchy, hive-like lesions on the abdomen, especially within stretch marks, and may spread to involve the buttocks or thighs. It generally appears during late pregnancy and resolves within four to six weeks after delivery. A diagnosis of PEP is based on the classic appearance. PEP is not associated with increased maternal or fetal risks, and it usually does not recur during subsequent pregnancies.

A more serious condition is pemphigoid gestationis (PG), a rare autoimmune disorder that usually occurs during late pregnancy with an abrupt onset of itchy blisters. These are typically on the abdomen in the umbilical area and can spread to the whole body. An office-based procedure called

a skin biopsy, in which a small piece of skin is removed and sent in a special medium to detect immunofluorescence, can clinch the diagnosis. Severe cases usually require oral corticosteroid treatment. PG is associated with an increased risk of prematurity, and the newborn may be small for its age. After delivery, the rash usually resolves within weeks to a few months. Skin manifestations may appear in the infant due to transfer of antibodies across the placenta. It is possible for PG to recur in the mother during subsequent pregnancies.

There are numerous other causes of itching and skin eruptions during pregnancy. The timing of onset, appearance, and distribution of the rash are important diagnostic signs. The dermatologist plays a key role in diagnosis and prompt treatment, which are crucial to protect the mother and her baby.



Up to 20 percent of pregnant women suffer from itching and skin rashes.

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Skin Health

FALL/WINTER 2018



New Treatments Can Produce Great Results

**Learn the Five Ws (Who, What, Where, When, and Why)
of Mount Sinai Dermatology Clinical Trials** *(see page 2)*



BEFORE



AFTER

Psoriasis pre- and post-therapy



BEFORE

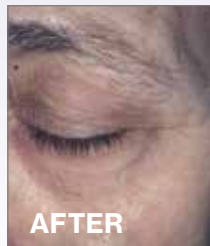


AFTER

Alopecia areata (totalis) pre- and post-therapy



BEFORE



AFTER

Atopic dermatitis pre- and post-therapy

**F.Y.I.
(For You Inside)**

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- Service to Treat Systemic Diseases
- Residency Ranks Fourth in the U.S.
- Skin Rashes During Pregnancy

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