

THANK YOU TO OUR SUPPORTERS

GIFTS TO THE MOUNT SINAI DERMATOLOGY FUND IN 2010*

\$50,000+

The Catherine and Henry J. Gaisman Foundation

Clifford and Katherine Goldsmith Philanthropic Fund

Estate of Samuel M. Peck

The Ruttenberg Family

\$25,000 - \$49,000

Mr. John Chr. M.A.M. Deuss

Seymour Feldman Foundation, Inc.

Eric P. Sheinberg Foundation

\$10,000 - \$24,999

Mr. Edgar M. Cullman

Frederick and Sharon Klingenstein Fund

Susan and Morris Mark Family Foundation

Mrs. Janet L. Ruttenberg

Schlein Foundation, Inc.

W. & W. Charitable Foundation

The Svetlana and Herbert M. Wachtell Foundation

\$5,000 - \$9,999

Douglas D. Altchek, MD

Harriett Ames Charitable Trust

Mr. and Mrs. Edgar M. Cullman, Jr.

Leon Kirckik, MD

Kling Family Fund

Ms. Lisa Ann Rotmil and

Mr. Alex Schmelzer

Nina W. Werblow Charitable Trust

\$1,000 - \$4,999

Mr. and Mrs. Lawrence D. Ackman

Mr. Ronald Baron and Mrs. Judy Baron

Brownstone Family Foundation

Mr. and Mrs. Clyde R. Brownstone

Myron and Nancy Cohn Philanthropic Fund

The David Foundation, Inc.

Dermatology West 57th Services, PC

Robert and Bobbie Falk Philanthropic Fund

Mrs. Rita R. Fleischmajer

Mr. and Mrs. Nelson Fleishman

Francesca J. Fusco, MD

Judith Hellman, MD

Esther Ho-Kung, MD

Mr. and Mrs. Sven E. Hsia

Bruce E. Katz, MD

Mr. and Mrs. Earle W. Kazis

Mr. Joseph Kramer and Jane Ellen Kramer, PhD

Mr. Jerome Lauren Levitt Research Foundation, Inc.

Mark Marinovich Investments, LLC

Mr. and Mrs. Melvin J. Nelson

The Orentreich Family Foundation

Mrs. Lee S. Pearlstein

Serena M. Peck Unitrust

Mr. and Mrs. John J. Pomerantz, Sr.

Donald Rudikoff, MD

Harry L. and Eleanor A. Schick Philanthropic Fund

James Spencer, MD

Walter P. Unger, MD

\$500 - \$999

Stephanie Silos Badalamenti, MD, PhD, LLC

Ms. Margaret A. Bancroft

Susan V. Bershad Charitable Fund, Inc.

Mr. and Mrs. Peter G. Elmer

Mr. and Mrs. Blaine V. Fogg

Herbert P. Goodheart, MD

Vicki and Michael Gross

Family Foundation, Inc.

Marie V. Hayag, MD

H. Debra Jaliman, MD

Kahn Dermatology, PLLC

Karen W. Landau, MD

The Levine Family Charitable Fund

Ligresti Dermatology Associates, PA

Emmanuel R. Loucas, MD

Nelson Lee Novick, MD

Mr. Anthony Paduano

Jeffrey S. Roth, MD

Morton S. Stern Revocable Living Trust

Jack P. Tom, MD

Robert L. Warner, MD

Aaron Warshawsky, MD

Ms. Evelyn Zafran

\$100 - \$499

Arash Akhavan, MD

Mr. and Mrs. Merlin Alper

Marcy Alvarez, DO

Mr. and Mrs. Stephen R. Auerbach

Robin Blum, MD

Ms. Nancy Carlinsky

David L. Cohen, MD

Ms. Nancy S. Dunetz

Mr. and Mrs. Jimmy Franco

Mr. Howard L. Gerber

Mr. Harold I. Geringer

Ms. Rosalie Y. Goldberg

Charles A. Gropper, MD

Suhail Muhsin Hadi, MD

Ms. Ecaterina Ignat and

Ms. Florentina Ignat

Peter G. Ilowite, DO

Mr. and Mrs. Joseph Klipper

Krishtul Medical Associates, PLLC

M. Barry Levy, Esq.

Mr. and Mrs. Edward Leyman

Mr. and Mrs. Herbert B. Klapper

Mr. and Mrs. Robert Kleiman

Carroll and Percy Klingenstein

Foundation

Diane C. Madfes, MD

Mr. Michael E. Margolies

Mrs. Martha D. Mariniello

Ms. Carolann F. Marshall

Mr. and Mrs. Robert C. Milton, Jr.

Mudgil Dermatology, PC

Ms. Shirley Ann Onacilla

Mr. and Mrs. Giuseppe Oppo

Mr. and Mrs. Peter T. Rado

Mr. and Mrs. Charles S. Ross

Mr. William T. Salerno

Mr. and Mrs. Lee D. Starr

Mr. and Mrs. Arnold Syrop

Mr. and Mrs. John H. Szalkay

Ms. Beth A. Willensky and

Mr. Herbert Feuerstein



MOUNT SINAI
SCHOOL OF
MEDICINE

THE MOUNT SINAI MEDICAL CENTER

DEPARTMENT OF DERMATOLOGY

ONE GUSTAVE L. LEVY PLACE

BOX 1047

NEW YORK, NY 10029-6574

At Mount Sinai, we have one of the largest dermatology departments in the world, with over 150 physicians to serve all your skin care needs. More than a dozen clinical faculty members currently accept private patients in the Mount Sinai Dermatology Faculty Practice Associates (FPA), which is open daily, including Saturdays and Sundays. The Dermatology FPA is located at 5 East 98th Street, 5th Floor, New York, NY 10029-6574. For appointments, please call (212) 241-9728, or book online at www.MountSinaiDermatology.com.

We have an outstanding voluntary faculty that consists of over 120 dermatologists in private practices located in New York City, the tri-state region, and other areas of the country. Learn more about our entire faculty at www.mssm.edu/departments-and-institutes/dermatology/faculty-and-staff/faculty

The Dermatology Residency Program, with 12 dermatologists-in-training supervised by our voluntary faculty, offers a wide range of services for all ages in Dermatology Clinics that operate Monday through Friday at the Center for Advanced Medicine (CAM) at 5-17 East 102nd Street, New York, NY, 10029-6574.

DOCTORS FEATURED IN THE FALL ISSUE OF *Skin Health*

Susan V. Bershad, MD, Mount Sinai FPA

Gervaise Gerstner, MD, Mount Sinai Voluntary Faculty

Gary Goldenberg, MD, Mount Sinai FPA

Marsha Gordon, MD, Mount Sinai FPA

Emma Guttman, MD, Mount Sinai FPA

Bruce Katz, MD, Mount Sinai Voluntary Faculty

Hooman Khorasani, MD, Mount Sinai FPA

Mark Lebwahl, MD (Department Chair), Mount Sinai FPA

Ellen Marmur, MD, Mount Sinai FPA

Joshua Zeichner, MD, Mount Sinai FPA

Skin Health

A PUBLICATION OF THE MOUNT SINAI
DEPARTMENT OF DERMATOLOGY

Yvonne B. Meyers, *Managing Editor*

Susan V. Bershad, MD, *Medical Editor*

Victoria F. White, *Associate Editor*

EDITORIAL BOARD:

Mark G. Lebwahl, MD, *President*

Douglas D. Altchek, MD

Janet Nezhad Band

Aaron E. Fuchs, MD

Ann Marie Gothard

Gervaise L. Gerstner, MD

Gary Goldenberg, MD

Norman Goldstein, MD

Bruce E. Katz, MD

Orit Markowitz, MD

Stephen Vance Wall



MOUNT SINAI
SCHOOL OF
MEDICINE

Skin Health

A PUBLICATION OF THE MOUNT SINAI DEPARTMENT OF DERMATOLOGY FALL 2011

MESSAGE FROM THE CHAIR:

Thirty Years Of Progress

In 1981, I was just starting my dermatology residency. I chose the Mount Sinai training program over some of the larger, more well-known ones in New York City, because the Mount Sinai Department of Dermatology had a legacy of clinical excellence. It was founded by Dr. Sam Peck, who, at barely five feet tall, was a giant in our specialty. The residents and voluntary faculty were superb, and Dr. Raul Fleischmajer, a world-renowned scientist, had just been recruited as Chair.

At that time, the faculty practice worked out of two small rooms. The clinical income of the Department was under \$100,000 annually. Our total grant support was just enough to pay the salary of one

resident. We had no surgical division, and dermatopathology was virtually nonexistent.

Over the past 30 years, the Mount Sinai Department of Dermatology has grown dramatically. Our faculty practice occupies an entire floor at 5 East 98th Street, and we're continuing to expand. We've built one of the largest surgical and cosmetic divisions in the country. Doctors from around the world apply to train here every year. Our voluntary faculty has grown to 125 attending physicians; our full-time and part-time clinical faculty has increased from two to sixteen members; and we fund scientists in four laboratories; all making us one of the largest dermatology departments in the nation.



Mark Lebwahl, MD, Professor and Chair

Our Dermatopathology division analyzes more than 50,000 biopsy specimens annually. The combined income of Dermatology and Dermatopathology is more than a hundred times what it was in 1981, and the Department has received millions in federal, philanthropic, and pharmaceutical funding. Although our growth has been

continued on page 3

I'd like news and information from Mount Sinai Dermatology.

Yes, I would like to receive future mailings from The Mount Sinai Medical Center and Mount Sinai School of Medicine

Please limit future mailings to the Department of Dermatology only.

Please do not send me any future mailings.

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

The Mount Sinai Dermatology Fund

One Gustave L. Levy Place, Box 1047

New York, NY 10029-6574

TITLE/NAME

ADDRESS

CITY / STATE / ZIP

E-MAIL ADDRESS

()

PHONE

COSMETIC PROCEDURE UPDATE:

A NEW LOOK FOR FALL



Hooman Khorasani, MD, performing a procedure on a patient.

There's no better time than the fall to think about achieving a fresher look. Traditionally, we want to be at our best as we head into the season of class reunions, holiday parties, and family get-togethers. What's more, dermatologists agree that healing after cosmetic procedures and maintaining the improvement are more reliable now than during the summer, when sun exposure, extreme heat, and outdoor activities such as swimming can interfere.

Many of our adult patients want to know how to get back their youthful glow with medically proven options. The editors of *Skin Health* asked a few experts from the Mount Sinai Department of Dermatology to share some thoughts about their favorite methods.

Dr. Marsha Gordon recommends botulinum injections to smooth lines, especially crow's feet around the eyes and forehead creases. Botulinum works by relaxing the muscles that cause certain wrinkles.

In some patients it can cause the eyes to appear more open and sharpen the jaw line. "It's my favorite procedure because it's quick and causes relatively little pain—truly a lunchtime procedure—and we can accomplish so much with it," said Dr. Gordon.

Another effective wrinkle treatment with minimal down time is to inject the target area with dermal fillers, according to Dr. Joshua Zeichner. He explains that as we age, the connective tissue and fat in our faces may be lost or become redistributed, resulting in hollows under our eyes, smile lines around our mouths, and thin lips. Dermal fillers help restore the lost volume. "Rather than filling in specific lines," said Dr. Zeichner, "we can rejuvenate the whole face to give a natural, more youthful appearance." Doctors can choose from a variety of FDA-approved dermal fillers tailored to suit the needs of individual patients. Dr. Zeichner often recommends ones that contain hyaluronic acid.

Although botulinum injections and dermal fillers involve little discomfort and quick recovery, patients are cautioned that these aren't permanent fixes—eventually, their effects do wear off. It's always best to ask your doctor about the expected duration of improvement.

continued on page 4

DERMATOLOGY TOP 10

There are nearly a thousand diseases in dermatology. But, as common things happen commonly, the 10 most common diseases in dermatology make up the bulk of what we see. This review will go over some of the basics you need to know. I recommend you discuss what you learned with your dermatologist.

By Gary Goldenberg, MD

1 Acne Vulgaris (Common Acne) Almost everyone (85% of teenagers and 10% of adults) experiences this type of acne. It ranges from mild acne, characterized by blackheads and whiteheads, to severe cystic acne with painful bumps under the skin. The common misconception is that only teenagers are affected, when in fact, the fastest growing segment of the acne patient population is adult women. Hormones and genetics, and not diet or hygiene, seem to play the major role in acne. Treatments can range from creams, to pills, to acne and laser surgery.

2 Actinic Keratosis (AK) AK is the most common diagnosis made in our Senior population. It is characterized by a precancerous spot or spots most commonly found in patients with a long history of sun exposure. AK can turn into a basal cell cancer (2% risk in 4 years) or squamous cell cancer (4% risk in 4 years). Treatments include topical creams, freezing (cryosurgery), photodynamic therapy (PDT), and surgical removal. Sunscreen is a must for future prevention.

3 Non-melanoma Skin Cancer (Basal Cell and Squamous Cell Carcinoma) These are the most common cancers in humans. Over 3 million non-melanoma skin cancers are diagnosed annually in the US alone. These cancers are directly related to sun exposure. The treatment includes surgery, topical creams for very superficial types, and radiation therapy.

4 Benign Nevi (Moles) These are the most common skin growths found in patients. Moles can be present from birth, but the majority of moles develop during childhood. They may also appear in the first 3-4 decades of life. Worrisome signs are change in shape, color, bleeding, pain, itching, or growth to a diameter greater than 6 millimeters (about the size of a pencil eraser). Any of these should prompt a visit to your dermatologist.

5 Dermatitis (Eczema) This literally means "inflammation of skin" and may be due to genetics (Atopic Dermatitis), contact with an allergen (see Dr. Guttman's article in this issue), irritation, or dry skin. Dermatitis may appear as red, inflamed skin with scaling, blisters, or crusting. Treatment depends on the cause and may require topical and/or oral medications.

6 Seborrheic Keratosis (SK) SK's appear as skin-colored, brown or black crusty spots that are common in folks over the age of thirty. Treatment is not required unless the spots become irritated or inflamed. When SK's become troublesome for appearance reasons, they can be removed with minor surgery in your dermatologist's office.

7 Common Warts (Verruca Vulgaris and Plantar Warts) Warts are most frequently seen in kids, but adults get them too. These are pebbly skin-colored bumps with "black dots" in the center that may bleed if you pick them. Warts are caused by the human papillomavirus (HPV) and are spread by contact. Treatment options are benign neglect, topical creams, freezing, or surgical removal.

8 Epidermoid Cyst (also incorrectly known as "Sebaceous Cyst") An epidermoid cyst is a common benign growth that looks like a bump under the skin. The size ranges from that of a small pea to larger than a golf ball. It may have a black pore, out of which cheesy material can drain. No treatment is usually necessary, unless the cyst becomes infected or inflamed. In such a case, treatment may include drainage, steroid injection, oral antibiotics or surgery.

9 Rosacea (formerly known as Acne Rosacea) Patients with rosacea have a genetic predisposition to facial redness, blushing, pimples, enlarged oil glands (sebaceous glands), and visible superficial blood vessels. Rosacea is usually aggravated by heat, spicy food, and sun exposure. Treatments vary depending on the type of rosacea and include topical creams, oral antibiotics and laser treatments.

10 Psoriasis This condition affects approximately 3% of the population. Most often psoriasis appears as silvery patches on the scalp, elbows, knees, and buttocks. New studies suggest that psoriasis is more common in smokers and obese individuals. Patients with psoriasis have an increased risk of developing other medical conditions, including heart disease, diabetes, and arthritis. Treatments include topical medicines and phototherapy using ultraviolet light. Although there is not yet a cure, a slew of new medications called "biologics" have revolutionized therapy, making it possible to treat moderate and severe cases successfully.

SPECIAL ARTICLE: SKIN ALLERGY & IMMUNOLOGY

WHO NEEDS PATCH TESTING?



By Emma Guttman, MD, PhD A simple answer to the title question is – anyone with a long-standing or recurrent skin rash, when the cause is unknown or is suspected to be due to something in the patient's environment.

Allergic contact dermatitis is skin inflammation that occurs when the immune system overreacts to a substance in contact with the skin, called a contact allergen. The majority of these substances are harmless for most people, but they can cause skin redness, swelling, cracking, blisters, or itching for those with allergic contact dermatitis.

Although some people react within 10 days after their first exposure to a contact allergen, in many cases it can take a long

time and repetitive contact to cause allergic contact dermatitis. Special caution is advised once a person develops a contact allergy to a particular substance, because another exposure (even a brief one) may cause a serious skin reaction within 24 to 48 hours.

Skin patch testing is the method used to confirm the diagnosis of allergic contact dermatitis and to determine what's causing it. At Mount Sinai, we offer comprehensive skin patch testing services, currently performed by two physicians with extensive training and experience in the technique, Dr. Suhail Hadi and myself. The procedure requires three closely spaced office visits. On the first visit, small patches of the most common contact allergens, or the particular ones suspected in an individual's case, are taped to the patient's upper back. The patches are removed 48 hours later to see if a reaction has occurred. One or two days later, we evaluate the test area for late reactions.

Our ability to identify specific contact allergens provides the data we need to educate patients about protecting their skin in the future.

THERE ARE DOZENS OF CONTACT ALLERGENS. THE MOST COMMON ARE:

- PLANT EXTRACTS—POISON IVY IS #1—ALSO POISON OAK AND POISON SUMAC
- NICKEL AND OTHER METALS FOUND IN COINS, BELT BUCKLES, JEWELRY, COOKWARE, AND TOOLS
- RUBBER COMPOUNDS SUCH AS LATEX FOUND IN SURGICAL GLOVES AND CONDOMS
- COSMETIC AND FOOD ADDITIVES SUCH AS FRAGRANCES, COLORS, AND DYES
- CHEMICAL INGREDIENTS AND PRESERVATIVES FOUND IN PERSONAL CARE ITEMS, TOPICAL MEDICATIONS, HOUSEHOLD PRODUCTS, AND INDUSTRIAL AGENTS.

CHAIR'S MESSAGE (continued from page 1)

spectacular, the current economy threatens government spending on medical care and research, and we expect to be increasingly dependent on philanthropy to help us to continue to make breakthroughs for our patients with skin diseases.

The clinical and scientific contributions made in our Department are too numerous to list, but a few high points deserve special mention. The first and only major study of blood lipid abnormalities during isotretinoin (Accutane®) therapy for acne was conducted by a Mount Sinai team led by Dr. Susan Bershad. Dr. Huachen Wei developed and patented topical genistein for the prevention of skin cancers, an agent now used in marketed sunscreens. Dr. James Spencer published the first data on vitiligo treatment with the excimer laser, which remains the fastest and most effective method of treatment for this condition. Imiquimod (Aldara®) treatment of actinic keratoses was discovered at Mount Sinai, and that has become a leading therapy for both precancerous and cancerous skin lesions.

Mount Sinai Dermatology was the first to use and publish many effective topical regimens for psoriasis. The hazards and advantages of combining different therapies were also first described here.

For example, calcipotriene, an agent widely used to treat psoriasis, was often mixed with other topical medications that inactivated it, until we demonstrated its instability in combinations. We showed that some topical medications prevent ultraviolet transmission during phototherapy, while other topical medications are inactivated by phototherapy. Effective use of topical calcineurin inhibitors such as tacrolimus (Protopic®) and pimecrolimus (Elidel®) for psoriasis instead of steroids on sensitive sites like the face was also first shown at Mount Sinai.

Perhaps our biggest breakthrough of the past decade was the demonstration that TNF blockers like Remicade®, Enbrel®, and Humira®—first introduced for the treatment of Crohn's disease and rheumatoid arthritis—are effective for psoriasis. We reported the first patient with pyoderma gangrenosum and the second patient with psoriasis to respond to infliximab (Remicade®) and thereby ushered in a new era of successful treatment for those diseases. These are but a few of the many contributions made by Mount Sinai Dermatology over the past 30 years. We look forward to even bigger and better advances in the future.



Mark Lebowhl, MD, with a patient and his nurse for 30 years, Carmen Martinez

Mark Lebowhl
Mark Lebowhl, MD
Professor and Chair

COSMETIC PROCEDURE UPDATE

(continued from page 1)

Dr. Gervaise Gerstner performs injections and also advises patients to consider a procedure with permanent benefits. "After the back-to-school rush for botulinum injections and dermal fillers, the number-one procedure in my practice is the Fraxel® laser. Most patients avoid it during the summer, because they need to stay out of the sun for a week," said Dr. Gerstner. This laser is Dr. Gerstner's method of choice for improving skin texture, wrinkles, pore size, scars, and brown spots. The procedure takes about 15 minutes, following an hour of prepping the skin with a numbing cream. Afterward, patients look sunburned for a day or two. Usually 4 or 5 treatments are needed to achieve the best results. "We're not stopping time, but at least we're re-setting the clock," said Dr. Gerstner.

Laser skin resurfacing technology has vastly improved in the last few years. According to Dr. Hooman Khorasani, "The results are generally quite dramatic and long-lasting." He recommends the CO₂ fractional ablative technique, which can be done with topical anesthesia in the office. It works to eliminate fine lines and discolorations by removing microscopic layers of skin in a controlled manner. Dr. Khorasani finds it to be highly effective for the treatment of skin aging, acne scars, surgical scars, and traumatic scars. He advises patients to expect 3 to 5 days of down time. Another method used by Dr. Khorasani to help restore a rested appearance is eyelid surgery, also called blepharoplasty. "Nowadays, this procedure can be done safely in the office, avoiding many of the risks involved with general anesthesia."

Dr. Ellen Marmur favors a combination approach to the most common issues—wrinkles, spots, and bumps. She creates what she calls a "master plan" for each patient showing how devices such as Fraxel®, CO₂ laser, Thermage®, or Pelleve®, combined with dermal fillers and botulinum injections, can give a very natural, brighter, refreshed, and healthier look.

And finally, for the patient whose goal is a new fall figure, one of the latest technologies for body contouring and skin tightening is laser-assisted fat removal (SmartLipo®), recommended by Dr. Bruce Katz. He describes it as a minimally invasive technique performed under local anesthesia, perfect for autumn: "When many of us have spent the summer unsuccessfully trying to remove stubborn fatty deposits with diet and exercise, SmartLipo® offers a safe and precise way to accomplish this—with quick recovery and minimal side effects."

By Susan V. Bershad, MD, Medical Editor

Please consider a fully tax-deductible contribution to the Dermatology Fund.

Help us celebrate Dr. Mark Lebowhl's 30th year in the Department of Dermatology with a gift today!

■ \$5,000 ■ \$2,500 ■ \$1,000 ■ \$500 ■ \$250 ■ \$100 Other _____

Please credit my gift towards The Dermatology Fund.

My gift is in honor of _____

I have enclosed my check, made payable to The Mount Sinai Dermatology Fund.

GIVE ONLINE

To make your gift online, please visit us at philanthropy.mountsinai.org/dermatology.

Please charge my gift of _____ to my:

American Express Visa MasterCard

CARD NUMBER _____ EXPIRATION DATE _____

NAME ON CARD _____

SIGNATURE _____

CLINICAL TRIAL OPPORTUNITIES

Over the past 30 years, the Department of Dermatology has been involved with the testing of almost every new major dermatologic product that has come to market. We conduct original research studies and pharmaceutical industry clinical trials that are individually approved by Mount Sinai's Program for the Protection of Human Subjects. These studies are mainly focused on new treatments for many skin disorders.

Volunteers participate in these studies free of charge, while providing a great service that helps to advance medical knowledge of skin diseases that include:

- PSORIASIS (ALL FORMS)
- TEENAGE & ADULT ACNE
- ECZEMA & ATOPIC DERMATITIS
- SKIN CANCER & PRE-CANCER
- VITILIGO (LOSS OF PIGMENT)
- WARTS & PLANTAR WARTS
- FUNGAL INFECTIONS
- SKIN AGING & SUN DAMAGE

FOR INFORMATION ABOUT VOLUNTEERING IN AN UPCOMING STUDY, PLEASE CONTACT THE DERMATOLOGY RESEARCH GROUP AT (212) 241-3288.