



## A NEW PARTNERSHIP



From left: Dr. Nanette Silverberg, Director, Pediatric and Adolescent Dermatology, St. Luke's-Roosevelt and Beth Israel Medical Centers; Dr. Vincent DeLeo, Chair of Dermatology, St. Luke's-Roosevelt and Beth Israel; Dr. Mark Lebwohl, Chair, Mount Sinai Dermatology; Dr. Andrew Alexis, Director, Skin of Color Center, St. Luke's-Roosevelt and Beth Israel; and Dr. Jacob Levitt, Vice Chair, Mount Sinai Dermatology.

## Mount Sinai Health System

By Angela J. Lamb, MD

In October 2013, the Department of Dermatology of the Icahn School of Medicine at Mount Sinai held a faculty reception to celebrate the union of The Mount Sinai Hospital with Continuum Health Partners. Thanks to the merger, the newly created Mount Sinai Health System now has the country's largest department of dermatology.

The partnership brings together two dermatology departments known for being on the cutting edge of healthcare innovation and enables us to provide the highest level of treatment for every skin condition.

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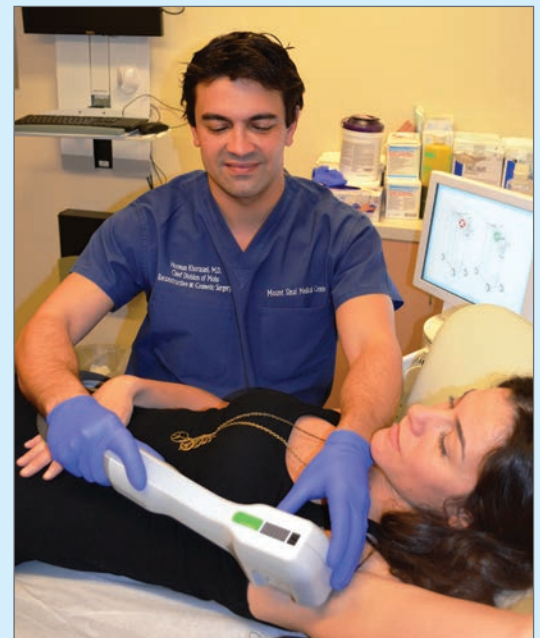
Look for Skin Health at  
[www.MountSinaiDermatology.com](http://www.MountSinaiDermatology.com)



## Having the confidence to say: *No Sweat*

By Hooman Khorasani, MD

Up to three percent of Americans suffer from excessive underarm sweating, known as hyperhidrosis. Although the condition can significantly impact the quality of life, fewer than half of those affected seek medical treatment, according to the National Institutes of Health. Individuals who find themselves trying to avoid social or professional situations due to hyperhidrosis will be interested to know there is relief. Mount Sinai Doctors Faculty Practice offers a treatment using the miraDry® device that effectively provides a long-lasting reduction in underarm sweat. The procedure, cleared by the US Food & Drug Administration, is a non-invasive method that delivers energy capable of destroying sweat glands. Two one-hour treatments spaced three months apart are recommended. Studies have shown that patients treated with miraDry® experienced an average sweat reduction of eighty-two percent. Over ninety percent of patients were pleased with the results.



Shown demonstrating the sweat-reducing device is Dr. Khorasani, the Director of Mohs, Reconstructive, and Cosmetic Surgery at Mount Sinai Doctors Faculty Practice ([www.mountsinai.org/khorasani](http://www.mountsinai.org/khorasani)).

# WARTS: A Common Skin Condition in Children



By Lauren Geller, MD

Common warts, also called verrucae vulgaris, are skin growths caused by human papilloma virus (HPV). This problem can occur at any age but is especially prevalent among young children and adolescents. Warts are spread by contact with infected people or contaminated objects and surfaces. Although warts are not highly contagious, there are exceptions, for example, when barefoot children or teens use public swimming pools and locker room facilities.

Warts can occur anywhere on the body surface, but in children they usually affect the hands, particularly the area around the nails (periungual warts) or the soles of the feet (plantar warts). They appear as small, raised growths that are flesh-colored, pink, or grayish tan, often with a rough surface. When warts have a flat-topped, smoother surface, they are called flat warts. Certain strains of HPV are responsible for genital warts, known as condylomata acuminata. (Look for an article on genital warts in a future issue of *Skin Health*.)

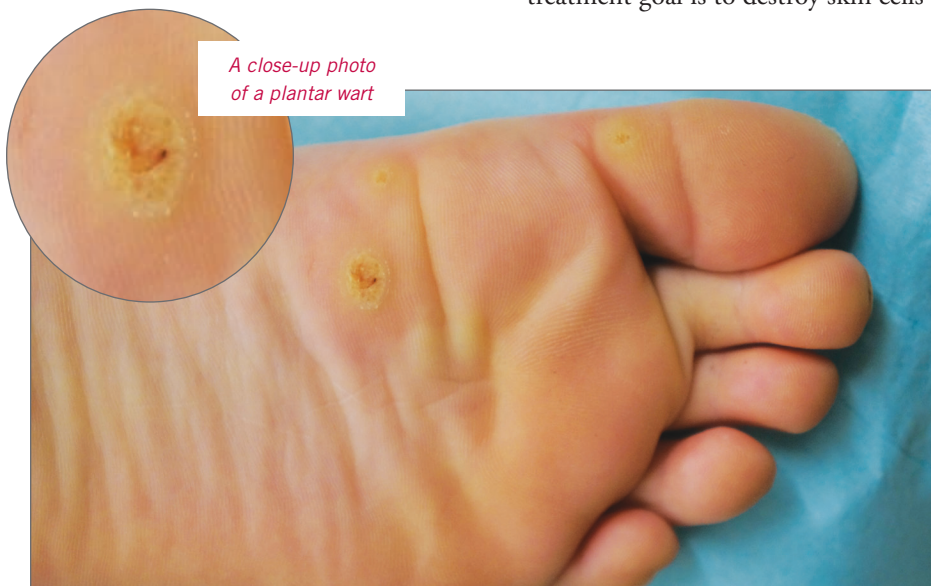
Most common warts are harmless and go away on their own within a few years, but patients might find them unsightly or embarrassing, and there is a risk they may increase in number and size. They can also become painful or itchy, and scratching can cause them to spread. Thus, treatment is often desired.

There are many different treatments for warts. Most experienced dermatologists would agree that warts are stubborn, and there is no remedy that is effective and permanent in all cases. Usually the treatment goal is to destroy skin cells

carrying the virus, but certain methods are designed to stimulate the immune system to fight off the virus. Some treatments are office procedures, and others are performed at home.

The choice of treatment depends on the age and preference of the patient as well as the size, number, and location of the warts. (See table on page 3: TREATMENT OF COMMON WARTS.)

*Dr. Geller is an Instructor of Dermatology and Pediatrics and Director of Pediatric Dermatology at Mount Sinai Doctors Faculty Practice ([www.mountsinai.org/geller](http://www.mountsinai.org/geller)).*



A close-up photo of a plantar wart

*Trying to get rid of plantar warts (warts located on the soles of the feet) can be challenging even for experienced physicians.*

## Skin Health

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# TREATMENT OF COMMON WARTS

(CONTINUED FROM PAGE 2)

CATEGORY	MEDICINE OR PROCEDURE*	HOW IT WORKS	WHAT YOU NEED TO KNOW
<b>Nonprescription Treatments</b>	Topical liquids and wart pads containing salicylic acid	Destroys the cells carrying the virus	Applied directly to the wart each night at bedtime; efficacy may be increased by covering it with duct tape; may irritate the surrounding normal skin.
<b>Prescription Treatments</b>	Tretinoin gel or cream (and other retinoids)	Stimulates the immune system and destroys the cells carrying the virus	Applied to the wart at bedtime every other night or nightly if tolerated; may cause skin irritation.
	Imiquimod cream	Attracts immune cells to the application site	Applied to the wart at bedtime, 3 to 7 nights a week; may cause skin irritation.
<b>Office Procedures</b>	Cryosurgery (freezing) with liquid nitrogen	Destroys cells carrying the virus	Applied by the physician; can be done with minimal pain using topical cream anesthesia; may cause blistering or pigment change in the area.
	Candida antigen injection	Stimulates immune system	Injected into the wart by the physician; usually requires three injections done a month apart; can be done with minimal pain using topical cream anesthesia; may cause local skin reaction.
	Surgical removal, cautery (burning), or laser destruction	Destroys and removes infected tissue	Usually reserved for older children and adults; performed with local anesthesia; warts may grow back.

**\*DISCLAIMER:** This is a partial list of the most common treatments for warts. Some of the treatments on this list are not FDA-approved for wart therapy. The editors of *Skin Health* advise you to consult a dermatologist before seeking or trying these treatments.

**HAPPY NEW YEAR & MANY THANKS  
FOR YOUR GENEROUS SUPPORT**



**All gifts made to the Department of Dermatology in 2013  
will be listed in the Spring/Summer 2014 issue of Skin Health.**

A NEW PARTNERSHIP

# Mount Sinai Health System

(CONTINUED FROM PAGE 1)

Our combined department has many experts in every dermatologic subspecialty, including general dermatology, pediatric and adolescent dermatology, dermatologic surgery, procedural and cosmetic dermatology, dermatologic pharmacology, and dermatopathology.

At the heart of academic medicine is the ability to educate the next generation of physicians. Through the joining of our training programs over the next two years, we are positioned to remain at the forefront of postgraduate education. Our

*“Thanks to the merger, the newly created Mount Sinai Health System now has the country’s largest department of dermatology”*

Continuum colleagues include leaders in the field of childhood skin disorders who will soon offer one of the few pediatric dermatology fellowship training programs in the country, pending approval of the accrediting association. Mount Sinai Health System will also benefit from an enhanced procedural



*Dr. Lamb is the Director of Westside Mount Sinai Dermatology Faculty Practice at 638 Columbus Avenue in New York City; an Assistant Professor of Dermatology; and a member of Mount Sinai Doctors Faculty Practice at 5 East 98th Street (www.mountsinai.org/lamb).*

dermatology fellowship program and a unique Skin of Color fellowship program that was founded at Continuum.

With the addition of the hospitals that formerly comprised Continuum Health Partners – St. Luke’s Hospital in Morningside Heights, Roosevelt Hospital near Columbus Circle, Beth Israel Medical Center in the Union Square neighborhood and the New York Eye and Ear Infirmary – Mount Sinai Health System anticipates being able to provide excellent, convenient service to every New Yorker and many others in the region.

**Mount Sinai Health System at a Glance**

**One Leading Medical School**

- ▲ Icahn School of Medicine at Mount Sinai  
One Gustave L. Levy Place, New York, NY

**Seven Member Hospital Campuses**

- 1 Beth Israel Medical Center  
First Avenue at 16th Street, New York, NY
- 2 Beth Israel Brooklyn  
3201 Kings Highway, Brooklyn, NY
- 3 The Mount Sinai Hospital  
One Gustave L. Levy Place, New York, NY
- 4 Mount Sinai Queens  
25-10 30th Avenue, Long Island City, NY
- 5 New York Eye and Ear Infirmary  
310 East 14th Street, New York, NY
- 6 Roosevelt Hospital  
(St. Luke’s-Roosevelt Hospital Center)  
1000 Tenth Avenue, New York, NY
- 7 St. Luke’s Hospital  
(St. Luke’s-Roosevelt Hospital Center)  
1111 Amsterdam Avenue, New York, NY

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14PUB/DERMNEWS1

# A Pediatric Dermatologist Explains Eczema

By Nanette B. Silverberg, MD

**E**czema is the common term for the itchy skin rash that physicians call atopic dermatitis. This condition affects almost one in five children in the United States. It usually starts during infancy or early childhood.

The winter season can be a challenge for patients because atopic dermatitis may be triggered by sensitivity to woolen or down-filled clothing, infections like the common cold, and very dry air associated with indoor heating. Young patients frequently scratch the itch until they develop red, oozing skin in places like the cheeks, arms, legs, and hands. The itching can be so severe that it keeps children up all night scratching while their parents lose sleep.

Although the exact cause of atopic dermatitis is unknown, experts believe that both heredity and environment play important roles. Dr. Emma Guttman, a physician-scientist at Mount Sinai who performs ground-breaking research in the field, recently described the inflammatory profile of atopic dermatitis. Her findings have helped the medical community gain a fuller understanding of the disorder.

Successful control of pediatric atopic dermatitis is a partnership between the physician, the parents, and the child. We start by addressing a child's overall health and identifying specific allergic and irritant triggers in the patient's diet and environment. Pediatric dermatologists stress the importance of a regular skincare regimen of gentle cleansing and moisturizing. We also discuss the use of room humidifiers and antibacterial measures like bleach baths. When prescription medicine is needed, our treatments of choice are anti-inflammatory medications in two categories: topical corticosteroids and topical calcineurin inhibitors (pimecrolimus and tacrolimus). I've been privileged to lead a research team conducting clinical studies of medications in both categories. An oral antihistamine may be prescribed to reduce itching and to promote normal sleep patterns, so the whole family can get a good night's rest.

When conservative measures like these fail to provide relief, we consider more intensive treatments. These include phototherapy (ultraviolet light delivered in measured doses in an office



setting or with in-home devices), oral corticosteroids, and other drugs that suppress the immune system. An exciting outcome of Dr. Guttman's research is the testing of a new treatment that is now being studied in adult patients at Mount Sinai's Eczema Center of Excellence.

I believe it's important for patients to be assessed and guided from a very early age. One of my publications on atopic dermatitis stresses the value of addressing collateral issues such as emotional distress, obesity, and allergies. Early intervention might help prevent what is known as the atopic march, the progression to asthma and severe allergies, giving patients the best chance for a lifetime of good skin health.

*Dr. Silverberg is a Clinical Professor of Dermatology; Director, Pediatric and Adolescent Dermatology at St. Luke's-Roosevelt and Beth Israel Medical Centers of Mount Sinai Health System and Icahn School of Medicine at Mount Sinai.*

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**Skin Health**  
 WINTER 2014



**Beauty...at a (reasonable) price**



**By Ahmed Hadi, MD**

The aesthetics of appearance are increasingly important in modern society, but health insurance companies generally fail to cover quality-of-life services. Cosmetic procedures are often expensive due to the necessary level of expertise and the high costs of injectable products and technologically advanced devices. The good news is that the Department of Dermatology offers a more affordable option.

The Cosmetic Procedure Clinic at Mount Sinai provides dermatology residents with opportunities to perform procedures under the direct supervision of our distinguished faculty. The teaching nature of the clinic allows for discounted fees on botulinum toxin and filler injections, laser resurfacing and hair removal, chemical peels, leg vein sclerotherapy, and other aesthetic procedures. The clinic operates on Monday mornings and Friday afternoons at Mount Sinai Doctors Faculty Practice, 5 East 98th Street, 5th Floor. For more information or to make an appointment, call (212) 241-9728.

*Dr. Hadi is a Chief Resident in the Department of Dermatology at the Icahn School of Medicine at Mount Sinai.*

**F.Y.I.**  
 (FOR YOU INSIDE)



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 MERGER**



**STOP EXCESS  
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**WART THERAPY  
 IN CHILDREN**



**ALL ABOUT  
 ECZEMA**

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