A New Center for Eczema Research and Care

By Mark G. Lebwohl, MD, Professor and Chair

In recognition of Dr. Emma Guttman’s important contributions to the understanding and therapy of eczema, she was awarded a major grant from the LEO Foundation to study this skin disorder in children. Dr. Guttman has described how a particular T lymphocyte, called Th22, is responsible for many of the disease characteristics of eczema, which is also known as atopic dermatitis. Dr. Guttman’s extensive research as a faculty member in Dermatology and Immunology at Mount Sinai and at Rockefeller University supports her innovative theory and has led to the development of targeted therapies that affect small portions of the immune system. The new treatments are expected to be safer and more effective than those currently available for eczema. She has been honored with scientific awards from the American Academy of Dermatology, the Dermatology Foundation, and the Contact Dermatitis Society.

We are delighted to announce the establishment of the new Eczema Center of Excellence, which will be headed by Dr. Guttman. The center will focus on basic science discoveries, translational research, and clinical trials. Please look for future announcements of opportunities to participate in studies of novel targeted therapy for eczema.

A Patient’s Guide to MOUNT SINAI’S DERMPATH

By Helen Shim-Chang, MD

Did you ever wonder what happens to your skin biopsy specimen after a surgical procedure? Once you’ve been cared for and sent home with a bandage, what happens to the piece of skin that was removed?

“Expedited processing provides a level of service that sets us apart from many other laboratories.”

The specimen arrives in our laboratory, where it receives an identifier called an accession number. It is then measured, oriented, inked to show margins, and cut into sections. Next, the sections continued on page 3
Molluscum Contagiosum
A BIG NAME FOR SMALL SKIN GROWTHS

By Vivian Bockian

Medical assistant Vivian Bockian helps treat a young patient with molluscum contagiosum.

Molluscum contagiosum (MC), commonly known as “water warts,” is a condition composed of small, raised, flesh-colored papules that are sometimes surrounded by an irritated red halo. MC is caused by a virus in the Poxvirus family, which includes smallpox and cowpox but not chickenpox, which is a member of the herpes virus group.

The small bumps called mollusca can appear almost anywhere on the body, including the face, trunk, arms, legs, and skin folds. The inner thighs are especially common sites. In adults, MC can be seen in the genital region as a result of intimate contact.

Young children are the most vulnerable to MC because it is very common in this group and is easily spread in those whose immune systems haven’t yet built defenses against it. In almost all cases, MC is temporary and harmless, but it can be itchy and unsightly. It is an affliction that lasts between a few months and two years and tends to heal without leaving scars. Because it is one of the most prevalent pediatric skin conditions and causes no lasting harm, most physicians do not restrict infected children from attending school or interacting with others, but it does make sense to keep affected skin areas covered and avoid sharing towels and clothing.

Luckily, there are many effective treatments for children whose interlude is on the lengthier side of the spectrum (see table: MOLLUSCUM CONTAGIOSUM TREATMENTS).

With the exception of Zymaderm®, all of these treatments require at least one visit to a knowledgeable, skilled dermatologist.

The take-away lesson? For the great number of children who are susceptible to MC, there’s no way to prevent it, but there are plenty of therapies available.

continued on page 3

Vivian Bockian is a medical assistant in the Mount Sinai Doctors Dermatology Faculty Practice.

Skin Health
A PUBLICATION OF THE MOUNT SINAI DEPARTMENT OF DERMATOLOGY

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# Molluscum Contagiosum Treatments

(Continued from page 2)

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>MEDICINE OR PROCEDURE*</th>
<th>HOW IT WORKS</th>
<th>WHAT YOU NEED TO KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonprescription Remedy</td>
<td>Iodine/Tea Tree Oil combination (Zymaderm®)</td>
<td>Mechanism unknown</td>
<td>Apply at bedtime for 30 days; treatment was effective in 84% of patients in one study.</td>
</tr>
<tr>
<td>Prescription Creams and Gels</td>
<td>Imiquimod</td>
<td>Attracts immune cells to the application site</td>
<td>Apply at bedtime, 3 to 7 days a week, until improvement is seen, up to 12 weeks.</td>
</tr>
<tr>
<td></td>
<td>Tretinoin (and other retinoids)</td>
<td>Stimulates immunity and unroofs the lesions</td>
<td>Apply at bedtime until irritation occurs; treatment may resume if lesions persist after irritation resolves.</td>
</tr>
<tr>
<td>Nonsurgical Office Procedures</td>
<td>Cantharidin</td>
<td>Creates a tiny blister that unroofs the lesions</td>
<td>Sometimes called “beetle juice” because it is derived from blister beetles; the painless treatment is applied by a physician and washed off at home in 2 to 6 hours.</td>
</tr>
<tr>
<td></td>
<td>Podophyllin or podofilox</td>
<td>Erodes tissue and disrupts cell growth</td>
<td>Derived from May Apple roots; the painless treatment is applied by a physician and washed off at home in 4 to 8 hours.</td>
</tr>
<tr>
<td></td>
<td>Trichloroacetic acid</td>
<td>Destroys tissue and unroofs the lesions</td>
<td>Applied and neutralized by the physician; causes slight stinging or burning.</td>
</tr>
<tr>
<td>Surgical Office Procedures</td>
<td>Curettage (scraping)</td>
<td>Removes the lesions</td>
<td>Can be accomplished with minimal pain using topical cream anesthesia; leaves small scabs that take about a week to heal; occasionally causes scars.</td>
</tr>
<tr>
<td></td>
<td>Cryosurgery with liquid nitrogen</td>
<td>Destroys tissue and unroofs the lesions</td>
<td>Applied by the physician; causes mild discomfort; may cause scars or loss of pigmentation.</td>
</tr>
</tbody>
</table>

*DISCLAIMER: This is a partial list of the most common treatments for molluscum contagiosum (MC). Some of the treatments on this list are not FDA-approved for MC treatment. The editors of Skin Health advise you to consult a dermatologist before seeking or trying these treatments.*

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**A Patient’s Guide to MOUNT SINAI’S DERMSPATH** (continued from page 1)

are placed in a processing machine that dehydrates them so they can be embedded into hot paraffin wax. After cooling, very thin slices of the paraffin tissue block are made. These slices are placed on glass slides, stained, covered with glass slips, and dried. Now they are ready for examination by our dermatopathologists.

From start to finish, this complex process takes less than 24 hours in most cases. Our Division of Dermatopathology also offers expedited processing in urgent situations. This usually takes only about 4 hours and provides a level of service that sets us apart from many other laboratories.

The Mount Sinai Division of Dermatopathology has five board-certified dermatopathologists: Doctors Robert Phelps, Miriam Birge, Gary Goldenberg, Rajendra Singh, and myself. Collectively, we examine and diagnose approximately 50,000 skin specimens per year.

Dr. Shim-Chang is an Assistant Professor of Dermatology and Pathology and a member of Mount Sinai Doctors Faculty Practice (http://icahn.mssm.edu/shim-chang).
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The aftermath of November’s Hurricane Sandy is still being felt by many, including those living in the Rockaways. Trina Maddox and I are natives of Queens, where volunteer efforts have been greatly needed. Trina has played a leading role in her community center’s donation site. In addition to collecting supplies like food, water, clothing, and medical supplies, we’ve shared our professional knowledge and distributed samples of dermatologist-recommended skincare products. Packages of soaps, cleansers, lotions, creams, anti-fungal powders and sun protection were assembled in the Faculty Practice and donated to families struggling to recover from the storm’s devastating effects. Mount Sinai is proud of its many employees who reached out to help.