COSMETIC SURGEONS FEELING ECONOMIC PINCH, PAGE 8

Skin & Allergy News

THE LEADER IN NEWS AND MEETING COVERAGE

www.skinandallergynews.com

VOL. 40, NO. 2 — *The Leading Independent Newspaper for Medical, Surgical, and Aesthetic Dermatology* — FEBRUARY 2009

UNIVERSITY OF ROCHESTER MEDICAL CENTER

Psychiatrist Andrea Sandoz, dermatologist and psychiatrist Francisco A. Tausk, and rheumatologist Christopher Ritchlin staff the multidisciplinary Rochester psoriasis clinic.

Specialists Form Psoriasis Team

BY MICHELE G. SULLIVAN
Mid-Atlantic Bureau

A new treatment paradigm is emerging for psoriasis—multidisciplinary clinics that care for patients who present with multiple symptoms.

Most of the dozen or so of these clinics now scattered around the country combine dermatology and rheumatology—a logical pairing for a disease that strikes both systems. But two—one in Rochester, N.Y., and the other in Cleveland—employ a larger team approach, with psychiatrists, cardiologists, endocrinologists, ophthalmologists, nutritionists, and nurses working together to treat and educate patients in every phase of the disease.

Physicians at both clinics agree that it is time to step up care for patients with psoriasis, many of whom are undertreated, inappropriately treated, or even undiagnosed. A recent analysis of the National Health and Nutrition Examination Survey (NHANES) concluded that 5 million adults in the United States have psoriasis, and that as many as 3.6 million have active but undiagnosed disease (J. Am. Acad. Dermatol. 2008 [doi:10.1016/j.jaad.2008.09.022]).

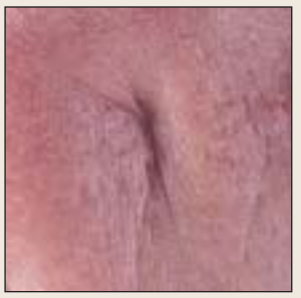
The Rochester Clinic

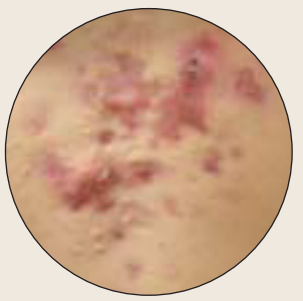
Just as concerning are misdiagnosed patients who have been prescribed unnecessary biologics, said Dr. Francisco A. Tausk, a professor of dermatology and psychiatry at the University of Rochester, and a staff physician at the university's psoriasis center. "We have had patients who have been told they have psoriatic arthritis and psoriasis and didn't have either one," he said. "It goes both ways."

Dr. Tausk runs the weekly clinic, which opened last April. Twice a month, he's joined by rheumatologist Dr. Christopher Ritchlin and psychiatrist Dr. Andrea Sandoz, both of the Uni-

See **Psoriasis** *page 2*

INSIDE





Diode Laser Tx Clears Dermatosis Papulosis Nigra

Of the lesions, 98% cleared or improved.

BY BRUCE JANCIN
Denver Bureau

PHOENIX — A 532-nm diode laser was highly effective at clearing extensive dermatosis papulosis nigra lesions while avoiding the pigmentary complications that are the bane of conventional treatments for this disorder of darker skin, according to the results of a study involving 40 patients with a total of 1,312 lesions.

In the study, patients with Fitzgerald skin types IV-VI were treated with the Iridex 532-nm KTP DioLite^{XP} laser for extensive lesions of dermatosis papulosis nigra (DPN) that they found distressing and aesthetically unappealing, Dr. Ayman El-Attar said at the annual meeting of the American Academy of Cosmetic Surgery.

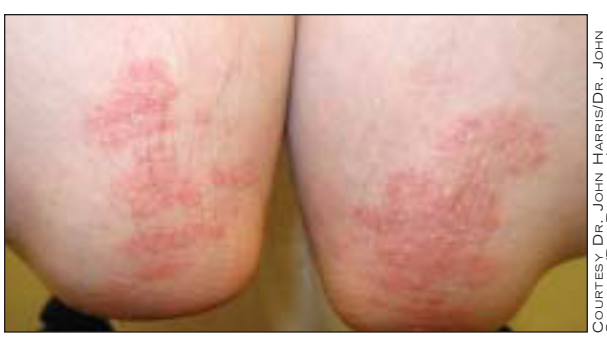
Of the 1,312 DPN lesions on the face, neck, and upper torso addressed over the course of three or four sessions, 98% were cleared or significantly improved at follow-up. The other 2% were located close to the eyelid margins, so Dr. El-Attar elected to leave them untreated.

"Using eye shields, you could easily treat those," however, noted Dr. El-Attar, who is a laser and cosmetic skin surgeon in Somerset, N.J.

For purposes of the study, efficacy and patient satisfaction were assessed 4 weeks after each treatment session and again 6 months after the final

See **Diode Laser** *page 4*

CASE OF THE MONTH



COURTESY DR. JOHN HARRIS/DR. JOHN SEYKORA/DR. ROBERT LEE

A 33-year-old man complained of patchy hair loss that started in his beard and spread to the rest of his body over the past 6 years. He had a history of chronic scaly lesions on his elbows and knees for 12 years. The only normal hair growth left was within scaly red plaques on his forearms and legs. What's your diagnosis? *See* **Case of the Month,** *page 47*.

Undertreatment the Key in DPN

Diode Laser *from page 1*

treatment. Patient evaluations of their outcome ranged from "satisfied" to "very satisfied."

The 532-nm Diolite^{XP} laser, a diode-pumped, frequency-doubled Nd:YAG laser, is widely used in office-based dermatology for treatment of facial telangiectasias.

The green light wavelength laser is extremely lightweight, affordable, easy to use, and readily moved between treatment rooms. The small spot size and limited depth of penetration permit the operator to avoid laser-induced purpura, Dr. El-Attar explained.

The 532-nm diode laser enables patients being treated for DPN to go straight back to work with no downtime for recovery. The key to excellent results, Dr. El-Attar stressed, is to treat cautiously, spreading the work over three or four sessions separated by about 4 weeks in patients with numerous lesions.

"The end point of treating these lesions is graying of the lesion. You don't want to go past this end point. Because African Americans and others with darker skin types are very prone to pigmentary changes, we try to be very conservative. That's why we use several sessions. We never go overboard. We always undertreat," he said.

Depending upon the size and thickness of a lesion, he uses a repetition rate of 5-7 Hz at 10-16 J/cm^2 of power. Most lesions are adequately treated in a single session. Particularly large or thick ones may require laser debulking in one session followed by final treatment in the next.

Most patients can tolerate the procedure without a topical anesthetic. When needed, Dr. El-Attar applies EMLA cream for about 15 minutes prior to treatment.

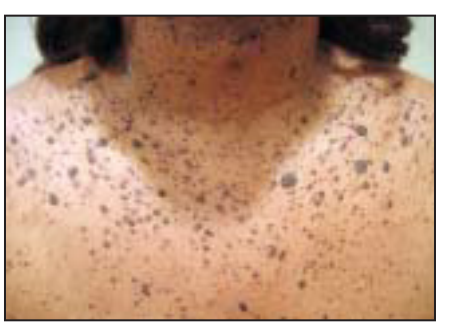
The treated lesions immediately turn gray and then become black and exfoliate over the course of a few days to a week. Because patients occasionally have developed mild itching as a reaction to topical antibiotics, Dr. El-Attar generally has patients apply Vaseline or another bland oil-based topical product to treated areas as they heal.

'Because African Americans and others with darker skin types are very prone to pigmentary changes, we try to be very conservative. That's why we use several sessions.'

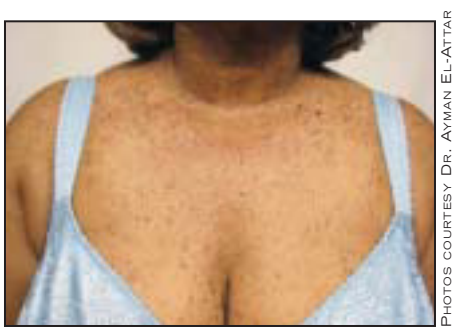
"Occasionally there are footprints: changes in coloration where the lesions were. The easiest treatment for this is tincture of time, but if the patient is in a rush we can do some mild chemical peeling and that takes care of it 100%," he said in an interview.

Dermatosis papulosis nigra is an extremely common benign cutaneous condition in African Americans and others who have Fitzgerald skin types IV-VI. DPN is believed to have a strong genetic component and is analogous to seborrheic keratoses in lighter-skinned patients. The small, hyperpigmented lesions tend to become numerous through adulthood.

Conventional treatments of DPN include cryotherapy, curettage, excision, and electrodesiccation. All are notoriously associated with increased risks of hyper- and hypopigmentation in darker skin types, said Dr. El-Attar, who had no financial conflicts of interest to disclose in connection with this study. ■



This patient—like the others in the study—was distressed by her lesions.



Significant clearance can be seen after treatment with the 532-nm laser.

PHOTOS COURTESY DR. AYMAN EL-ATTAR