Future of Dermasurgery Is Exciting, but Uncertain

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CORONADO, CALIF. — Over the next 2 decades, dermasurgery will transform into a field in which noninvasive treatments and nonsurgical approaches rule the day, said Dr. Ronald Moy at the annual meeting of the Pacific Dermatologic Association.

"What we're doing today is going to be considered barbaric if we look 15-20 years down the road," said Dr. Moy of the University of California, Los Angeles, and the association's immediate past president.

One key aspect of dermasurgery's future will involve treatment of skin cancer nonsurgically with a cocktail of immunomodulators. "We've done projects in our lab where we can put interleukin-2 into skin cancer and get a 90% cure rate," he said.

Hair transplants won't be necessary because hair cloning will be readily available, and lasers will be used to prevent wrinkles, remove hair and fat, tighten and resurface skin, and for the early treatment of vessels and lentigos. "Lasers will be handheld and will be used by patients," he added.

Dr. Moy also expects that Botox will be replaced by the permanent relaxing of muscles; resurfacing of the skin will improve with new fractional resurfacing technology; tightening of the skin will improve with new energy devices; and permanent facial fillers, such as those derived from stem cells, will become mainstream.

Facelifts will fall in popularity because of new resurfacing and tightening devices. DNA repair enzymes, growth factor, and other futuristic creams will treat and prevent aging skin at a molecular level.

The American Society for Dermatologic Surgery is the second largest dermatology organization in the world, after the American Academy of Dermatology, and "dermatologic surgery procedures are the fastest growing and most commonly preferred procedures," he said. "The future promises that new technology will make these procedures better."

However, certain trends in today's practice environment threaten dermasurgery's future. Dr. Moy called the proliferation of nonphysicians performing Botox injections, microdermabrasion, chemical peels, and other cosmetic procedures as "our greatest threat right now. Everybody's doing what we're doing. We might be able to change some of that with legislation, but we won't be able to [prevent] other physicians [from] practicing dermasurgery."

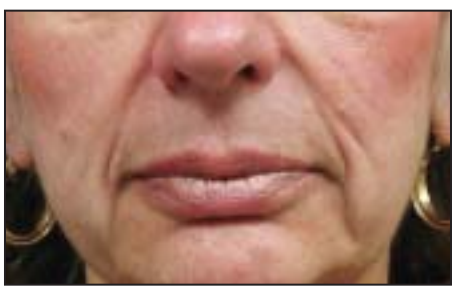
To complicate matters, there is a shortage of dermatologists in the United States, said Dr. Moy, who has served as vice president of the Medical Board of California.

"That's only going to get worse. Even if we double the enrollment of all the California medical schools, we won't come close to the need."

The looming possibility of a national health insurance program also could affect the development of dermasurgery. Such a program probably would be modeled on dental insurance, he explained, "where your health insurance will be for catastrophic conditions. But all the little things that we do in dermatology will be on a cash basis."

On the bright side, increasing numbers of women are entering medical school and dermatology residency programs, and the dermatologists of tomorrow have a strong sense of volunteerism. "They're going to be better trained, and they'll be embracing new technology," he said.

Dr. Moy disclosed that he is a member of the scientific advisory boards for Rhytec Inc. and Bioform Medical Inc. ■



A patient is shown before use of Sculptra, a filler for improving facial volume.

PHOTOS COURTESY DR. RONALD MOY

The patient is shown 2 months later, after 2 shots of the long-lasting treatment.