

CASE OF THE MONTH

Diagnosis: *Strongyloides*

An initial diagnosis of urticaria was made by several physicians who first saw this patient.

When the man presented to Dr. Irwin M. Braverman and his associates on referral, careful inspection revealed a pattern of

larva migrans and *Strongyloides* was isolated from sputum.

"No other differential diagnosis was considered until we made the diagnosis by visual inspection," he said. "No biopsies were performed because of the diagnostic clinical appearance that was confirmed

by finding the *Strongyloides* worm in the feces and then in the sputum."

When you culture the sputum of someone who has the larva migrans, "the worms migrate around and they track the bacteria," said Dr. Braverman, professor of dermatology at Yale University, New Haven, Conn. "They make little trails of bacteria in the blood agar petri dish."

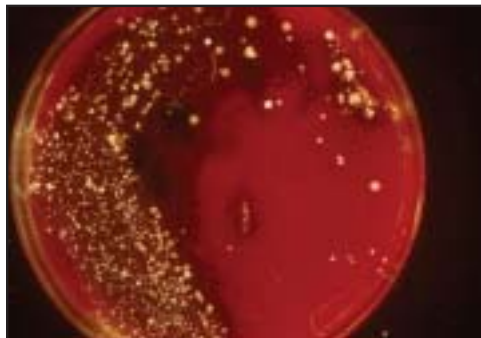
The patient was transferred to the hospital's pulmonary service and successfully treated with ivermectin. At that point, his role as consultant on the case ended.

"Within the next month to 6 weeks, we made two more diagnoses of this condition," he said. "These were men from Southeast Asia with asthma who were put on steroids."

—Doug Brunk



Several physicians had diagnosed the patient as having urticaria.



Culture shows how "worms migrate around and ... track the bacteria."

PHOTOS COURTESY DR. IRWIN M. BRAVERMAN

MANAGING YOUR DERMATOLOGY PRACTICE

Background Checks

Last year I wrote a column on guidelines for hiring employees, and I've been receiving questions on that subject ever since. (If you missed that column, go to www.skinandallergynews.com and click on "The Archive Collection" on the left-hand side.)

Many questions concern checking potential employees' references. One industry publication estimates that 40% of resumes contain false or "tweaked" information; my opinion, based on more than 25 years of hiring, is that estimate is wildly optimistic. After all, many applicants are convinced padding is necessary to get the job they want. As a young performing arts student once told me in my office, "Show me an actor who hasn't padded his resume, and I'll show you a waiter."

Given that so many resumes are less than completely accurate, it is astonishing how many employers do not bother to check them, and the applicants who submit them, thoroughly. Physicians are particularly remiss in that department. And those physicians who do check at all often do far less than they should.

If you don't think it's worth the trouble, know that "negligent hiring" litigation is on the rise. If the actions of one of your employees hurts someone, and it can be shown that you knew or should have known that said employee had similar problems in the past, you could be liable—and such lawsuits, of course, fall outside the protection of your malpractice insurance.

As an aside, I have mentioned before the advisability of obtaining Employee Practices Liability Insurance (EPLI). It is inexpensive and covers your legal expenses in the event of negligent hiring charges, as well as wrongful termination and sexual misconduct or harassment suits.

A background check should never be limited to simply calling the two or three most recent employers. In this era of universal litigation, employers are often unwilling to be candid with you regarding a former employee.

This doesn't mean you should not call them anyway, of course. With reluctant former employers, my favorite question is, "Would you hire this employee back?" Even if the answer is "yes," he or she will often give you good clues, with hesitations, voice inflections, and other intangibles, of how enthusiastic they truly are about that prospect.

Other information is available to you when considering applicants, and you should take advantage of it. In addition to interviews of former employers, a background check should verify the applicant's Social Security number. It should also include an analysis of his or her complete work history and a full credit report. It can also include credit payment records, driving records, and any criminal history. This is all a matter of public record and is often easily accessible via the Internet.

Bankruptcy information also is a public record and can be helpful, although you cannot discriminate against an applicant solely because he or she has filed for bankruptcy. The military can disclose a veteran's name, rank, salary, assignments, and awards without consent. Driving records are not confidential and can be released without consent.

The inquiries should be related to the job. For example, if the applicant will be handling money, it would be reasonable to

find out if he or she has a history of embezzlement or theft.

Some information cannot be included in a background check, however. Education records are confidential and cannot be released without the consent of the student. Laws vary on checking criminal history. Federal guidelines permit disclosure of criminal convictions indefinitely, but some states don't allow questions about arrests or convictions beyond a certain point (usually 7 years). Others only allow consideration of criminal history for certain positions.

Employers cannot request medical records and may not make hiring decisions based on an applicant's disability. The same holds true for workers' compensation records. However, you may inquire about an applicant's ability to perform a certain job.

If you have a large practice and hire many employees, it may pay to have an outside company perform background checks. However, such outsourcing brings you under the jurisdiction of the federal Fair Credit Reporting Act, which sets national standards for employment screening. This means the outside agency must notify applicants in writing and get their written authorization to do the background check (not true if you're doing the checks yourself).

And if you decide not to hire specifically because of an outside report's findings, you must disclose this to the applicant, along with the name of the agency which did the investigating, and information on his or her right to dispute the report. ■

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BY JOSEPH S. EASTERN, M.D.

As a young performing arts student once told me in my office, 'Show me an actor who hasn't padded his resume, and I'll show you a waiter.'

Brevoxyl®-4 Creamy Wash (benzoyl peroxide 4%)

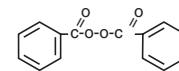
Brevoxyl®-8 Creamy Wash (benzoyl peroxide 8%)

ACNE WASH FOR TOPICAL USE

Rx only Rx only

DESCRIPTION

Brevoxyl-4 Creamy Wash and Brevoxyl-8 Creamy Wash are topical preparations containing benzoyl peroxide as the active ingredient. Brevoxyl-4 Creamy Wash and Brevoxyl-8 Creamy Wash contain: 4% and 8% Benzoyl Peroxide, respectively, in a lathering cream vehicle containing Cetostearyl Alcohol, Cocamidopropyl Betaine, Corn Starch, Dimethyl Isosorbide, Glycerin, Glycolic Acid, Hydrogenated Castor Oil, Imidurea, Methylparaben, Mineral Oil, PEG-14M, Purified Water, Sodium Hydroxide, Sodium PCA, Sodium Potassium Lauryl Sulfate, Titanium Dioxide. The structural formula of benzoyl peroxide is:



CLINICAL PHARMACOLOGY

The exact method of action of benzoyl peroxide in acne vulgaris is not known. Benzoyl peroxide is an antibacterial agent with demonstrated activity against *Propionibacterium acnes*. This action, combined with the mild keratolytic effect of benzoyl peroxide is believed to be responsible for its usefulness in acne. Benzoyl peroxide is absorbed by the skin where it is metabolized to benzoic acid and excreted as benzoate in the urine.

INDICATIONS AND USAGE

Brevoxyl-4 Creamy Wash and Brevoxyl-8 Creamy Wash are indicated for use in the topical treatment of mild to moderate acne vulgaris. Brevoxyl-4 Creamy Wash and Brevoxyl-8 Creamy Wash may be used as an adjunct in acne treatment regimens including antibiotics, retinoic acid products, and sulfur/salicylic acid containing preparations.

CONTRAINDICATIONS

Brevoxyl-4 Creamy Wash and Brevoxyl-8 Creamy Wash should not be used in patients who have shown hypersensitivity to benzoyl peroxide or to any of the other ingredients in the product.

PRECAUTIONS

General — For external use only. Avoid contact with eyes and mucous membranes.

AVOID CONTACT WITH HAIR, FABRICS OR CARPETING AS BENZOYL PEROXIDE WILL CAUSE BLEACHING.

Carcinogenesis, Mutagenesis, Impairment of Fertility — Based upon all available evidence, benzoyl peroxide is not considered to be a carcinogen. However, data from a study using mice known to be highly susceptible to cancer suggest that benzoyl peroxide acts as a tumor promoter. The clinical significance of the findings is not known.

Pregnancy: Category C — Animal reproduction studies have not been conducted with benzoyl peroxide. It is also not known whether benzoyl peroxide can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Benzoyl peroxide should be used by a pregnant woman only if clearly needed.

Nursing Mothers — It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when benzoyl peroxide is administered to a nursing woman.

Pediatric Use — Safety and effectiveness in children below the age of 12 have not been established.

ADVERSE REACTIONS

Contact sensitization reactions are associated with the use of topical benzoyl peroxide products and may be expected to occur in 10 to 25 of 1000 patients. The most frequent adverse reactions associated with benzoyl peroxide use are excessive erythema and peeling which may be expected to occur in 5 of 100 patients. Excessive erythema and peeling most frequently appear during the initial phase of drug use and may normally be controlled by reducing frequency of use.

DOSAGE AND ADMINISTRATION

Shake well before using. Wash the affected areas once a day during the first week, and twice a day thereafter as tolerated. Wet skin areas to be treated; apply Brevoxyl-4 Creamy Wash or Brevoxyl-8 Creamy Wash, work to a full lather, rinse thoroughly and pat dry. Frequency of use should be adjusted to obtain the desired clinical response. Clinically visible improvement will normally occur by the third week of therapy. Maximum lesion reduction may be expected after approximately eight to twelve weeks of drug use. Continuing use of the drug is normally required to maintain a satisfactory clinical response.

HOW SUPPLIED

Brevoxyl-4 Creamy Wash is supplied in 170.1 g (6.0 oz) tubes NDC 0145-2474-06.
Brevoxyl-8 Creamy Wash is supplied in 170.1 g (6.0 oz) tubes NDC 0145-2484-06.

Store at controlled room temperature, 15°-30°C (59°-86°F).

US Patent No. 6,433,024.
87384 Rev. 0904



Stiefel Laboratories, Inc.
Coral Gables, FL 33134

References:

1. IMS/September 2006 — Single Agent BPOs Only.
2. Whitbeck N, Fraser J, Thompson C. An *In Vitro* Kill Rate study against *P. acnes* comparing three benzoyl peroxide wash products. Presented at: 64th Annual Meeting of the American Academy of Dermatology; March 2006; San Francisco, Calif. Poster 107.
3. Data on file, [*In Vitro* Kill Rate study against *P. acnes*, April 2005]. August C. Stiefel Research Institute, Inc.
4. Del Rosso JQ, Bikowski JB, Desai A, Hawkes S. Management of truncal acne vulgaris: a double-blind, randomized trial evaluating the clinical efficacy and tolerability of benzoyl peroxide 8% wash used as monotherapy or in combination with topical clindamycin 1% foam or oral doxycycline monohydrate. Presented at: 64th Annual Meeting of the American Academy of Dermatology; March 2006; San Francisco, Calif.

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