foreFRONT AND CENTER

Q1 NEWSLETTER | January 2022 Edition

President's Message: Seeing Innovation as an Opportunity

By: Betsy Wernli, MD, FAAD

Another year….and after the priors, things seem a bit brighter, don't they? When a new calendar comes around, life seems to be a fresh slate, and we too seem to be the most open to change, growth, and new mindsets. As the clock struck midnight, I found myself toasting a new year, thinking about how I wanted to write my story and help craft our book for Forefront for 2022. Last year, we launched a renewed focus on leadership, complete with podcasts and a Leading Your Team Clinic Playbook. What about 2022? The board of directors and support teams feel we need to embrace the future, focusing more on technology and innovation, and what better time to introduce change while we are most moldable? Steve Jobs once said, "Innovation is a way to see change as an opportunity, not a threat." So instead of fighting with EMA, let's share more tips and tricks and work with the team at Modernizing Medicine® to change system issues. Instead of wishing for an expansion of cosmeceuticals in your clinic, let's launch technology to manage and grow that aspect of your practice while serving each individual patients' needs. And, instead of wondering about how to be more diligent with costs and running our clinics, let's implement technology solutions to refine further reporting in our clinics.

> "Innovation is a way to see change as an opportunity, not a threat."
>
> —STEVE JOBS

Technology is an important aspect of our future; we will be launching a new leadership position on the Forefront Advisory Council directing innovation and technology!

We can all do a better job utilizing technology, and more, embracing it to make our jobs easier. Who wants to run into a new year focusing on innovation and technology? Let's plan for the future now, prep for our "futuristic" retreat in May, Back to OUR Future, and start innovating every day.

Stay tuned for innovative podcasts, newsletters, and of course, applications to make patient care better for you and your team!

I hope you enjoy our amazing submissions in this newsletter and join me in adapting and adjusting to what medicine of our future looks like!

Sincerely,

Dr. Betsy Wernli

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The Board Report: Leadership Opportunities in 2022

By: Tori Negrete, MD, FAAD



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Betsy Wernli, MD, FAAD

One of the most gratifying parts of my job is the leadership positions I have held over the years at Forefront Dermatology. I love that I can make a difference beyond caring for my patients and have made each and every one of our physicians', NPs', and PAs' work lives a little bit easier. For example, as the Cosmetic Chairperson, I review and approve all informed consents for cosmetic treatments, taking this neverending task off the plates of our physicians. I love contributing to what makes Forefront Dermatology so special, our physician leadership! So today, I am here to remind you that our physician advisory committee positions will be elected this Spring. And we are recruiting YOU!

In addition to the 18 existing leadership positions, of which 4 are contractual, that are already being fulfilled by 19 of our physicians, NPs, and PAs, we are excited to add a few new leadership positions to the mix.

So if you are interested in becoming a leader for Forefront Dermatology, don't just sit idle, ask someone to nominate you, or nominate yourself! I nominated myself for the Board of Directors, and it was one of the best decisions I have made. Keep your eye out in your email inboxes for more information on the roles in the upcoming weeks to months! I can't wait to see you all at the Spring Retreat!

3 NEW ADVISORY POSITIONS

1 Talent Advisor Chair

This position is responsible for assisting our recruiters in hiring the best and brightest for all aspects of our practice.

2 Technology and EMA Chair

This position will work closely with IT and the Cosmetic Chair, among others, on new upcoming technologies that can be utilized to further enhance our practice.

3 Practice Management Chair

This position will oversee the Grand Rounds (CME), write educational newsletter articles, and launch a mini MBA academy on the bottom line in healthcare.

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The Extra Mile: Telehealth Improves Access to Care

By: Giacomo Maggiolino, MD, FAAD

Telehealth is a tool—a means—that capitalizes on technology to provide health care and other health-related services remotely, increasing efficiency and extending the reach of our physicians, PA, and NPs.

Last year, I added 2 half-days a month of purely telehealth visits, which I did from the comfort of my home. I initially did so because I had found telehealth to be a bit disruptive to my clinic flow. So, I decided to open up my schedule on Friday mornings (during which I am typically off) and only see telehealth on those days. My intention was not to use telehealth in place of in-person clinic visits but rather to supplement my current workweek.

Improved Patient Access

With the start of the Covid-19 pandemic, telehealth was widely adopted to help bridge care during quarantine periods. But with time, we started noticing less and less utilization, and I had trouble filling these appointment slots. So, I began offering patients who needed "quick" follow-ups (i.e., acne, eczema, biologic patients, 5FU patients…) the option to schedule a telehealth visit. By transitioning those patients to telehealth, I opened up further availability during my in-person clinic week. In all, I increased access by an extra 40 appointment slots/month (or 480 total visits/year). Telehealth has allowed me to increase patient access to my care, increase patient satisfaction, and improve patient care. I also had the most profitable year of my career!

Evolution of Telemedicine

Dermatologists have long been pioneers in the development of telemedicine. Since the 1990s, our specialty has helped develop this technology to help treat patients in underserved areas. But, before the pandemic, telehealth had been minimally used. In fact, a July 2019 consumer survey[1] found fewer than 10% of US residents had used telehealth.

This all changed with Covid-19. The need to continue medical care during the pandemic, together with relaxed federal regulations and improved reimbursements, has boosted telehealth into common practice. A year ago, it was estimated that up to $250 billion of US healthcare could potentially be shifted to telehealthcare. But, keeping telehealth integrated into everyday practice with sustained reimbursements and policies requires continued patient and clinician adaptation.

With still no end in sight to this pandemic, current data trends are still showing that many patients are continuing to avoid needed ambulatory care[2]. A break in the continuity of care for chronic diseases can have significant consequences. Certainly, a telehealth visit cannot be a complete replacement for in-person visits, especially when procedures and skin cancer screenings are needed. But, its value lies in the ability to triage care, manage existing chronic conditions, and care for patients from a distance.

Improved Patient Satisfaction

Emerging research[3] is showing improved patient satisfaction with telemedicine care. Improved convenience, efficiencies, and access are likely contributing factors. This is especially true for patients living in underserved areas.

With the pandemic, we have taken a huge step forward with telemedicine, allowing increased access to quality care in Dermatology. Physicians, insurers, and policymakers must collaborate to keep this technology available and covered. We ultimately need Congress to act. The AMA supports two bills—the Telehealth Modernization Act of 2021 (HR 1332) and the CONNECT for Health Act of 2021 (S 1512) which would allow patients all over the country to continue getting telehealth services and continue to access them from their homes. Physicians supporting these measures can contact their legislators through the *Physicians Grassroots Network* to have their voices be heard.

Resources

1. J. D Power, (2020). *U.S. Telehealth Satisfaction Study.*
2. Ateeva. M. et al. (May 19, 2020). *The impact of the COVID-19 Pandemic on Outpatient Visits: A Rebound Emerges.* To the Point (blog), Commonwealth Fund.
3. Holtz, B. (2021). Patients Perceptions of Telemedicine Visits Before and After the Coronavirus Disease 2019 Pandemic. *Telemed JE Health,* 107-112.

   Lipoff, J. (October 14, 2020). *As Telehealth Surges, Dermatology Brings Experience with Access and Sustainability.* Health Affairs Blog.

8 TIPS for telehealth

Separate in-person clinic visits from telehealth appointments.

Consider adding 1-2 half-days a month during a non-clinic day.

Encourage "quick" follow-ups (i.e. acne, eczema, 5FU, biologic patients…) to schedule on a telehealth day.

Advertise and have staff promote telehealth availability in clinic.

Have your staff confirm your telehealth appointments the day prior.

Use the *Doximity* platform—download the app on your smartphone. It's easy to use without requiring the patient to download any apps or software. Compatible with iPhone and Android.

Learn how to create your own notes in the medical record.

Check out the available resources from the American Academy of Dermatology's telemedicine tool kit, which outlines how to connect with patients via various platforms.

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Coding Corner: Patch Testing

By: Molly Moye, MD, FAAD, FACMS, Todd Rickett, MD, PhD, FAAD, and Kayleen Moore, Lead Documentation and Coding Specialist

Determining the cause of contact dermatitis is tricky enough! For this Coding Corner, we hope to shed some light on correct coding and documentation for patch testing visits.

Visit #1: Patch Application Day

The application procedure is coded as 95044. Each antigen is considered 1 unit.

- If T.R.U.E. testing is performed using 36 antigens, code 95044 x 36.
- If the North American 80 Series with 80 antigens is used, code 95044 x 80.

Visit #2: Day of 1st Reading

Patches are removed during the second visit, usually 48 hours after application. No E/M service should be billed if the only service provided is the removal of patches and reading the results. If counseling, prescription management, or other services are provided that are separate and distinct from reading the results, an E/M level may be supported.

Example 1: Patches are removed, and results are read. The patient was instructed to return in 48 hours for a final read. An E/M code is not supported.

Example 2: Patches are removed, and results are read. The patient also complains about a scaly lesion on their leg, which you diagnose as seborrheic keratosis and advise that no treatment is necessary. Coding a 99212 is supported. NOTE: when the patient has an additional complaint at an otherwise pre-planned visit, it is highly recommended to document the new complaint as a separate CC/HPI. This will support the medical necessity for managing the complaint and help prevent the appearance of "padding" to get an E/M level.

Example 3: Patches are removed, and results are read. Several allergens are potentially positive, and the patient complains of being very itchy. Skincare, including cleansing and the use of over-the-counter moisturizers, were discussed and documented. Coding a 99212 is supported.

Visit #3: Day of Final Reading

An E/M level may be supported if counseling on the results and/or management options are discussed. The E/M level will depend on whether the diagnosis is acute or chronic and whether counseling, OTC recommendations, or prescription management are provided.

Example 1: Final reading was performed, and the patient had a positive reaction to fragrance mix. A patient education handout was provided and reviewed in detail. The patient was provided a safe list of products to use going forward to avoid fragrance. As the patient has no rash currently and is relieved to know what she can avoid preventing rash, no prescription or further treatment is necessary at this visit. A 99212 is supported.

Example 2: Final reading was performed, and the patient had a positive reaction to nickel sulfate. A patient education handout was provided and reviewed in detail, with documentation of this discussion included. Triamcinolone cream BID was sent to the patient's pharmacy, including a discussion of the risks, benefits, and side effects. If we call this patient's rash an acute, uncomplicated problem (LOW problem complexity) with prescription management (MODERATE risk), then a 99213 would be supported.

Example 3: Final reading was performed, showing multiple difficult to avoid allergens. After a thorough discussion of the patient's chronic rash and newly identified allergens, the decision was made to initiate therapy with a prednisone taper and then methotrexate, pending acceptable blood work. For this chronic, flaring rash (MODERATE problem complexity) with prescription management for a high-risk medication (HIGH risk), a 99214 is justified.

As always, please direct any questions or concerns to the Coding Team.

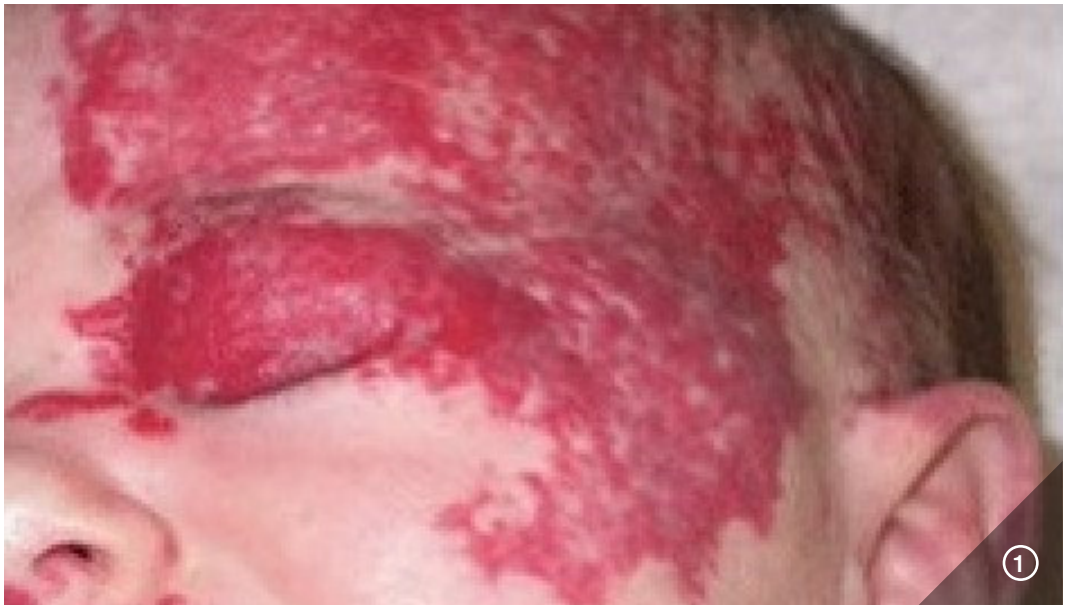
Clinical Corner: Hemangiomas

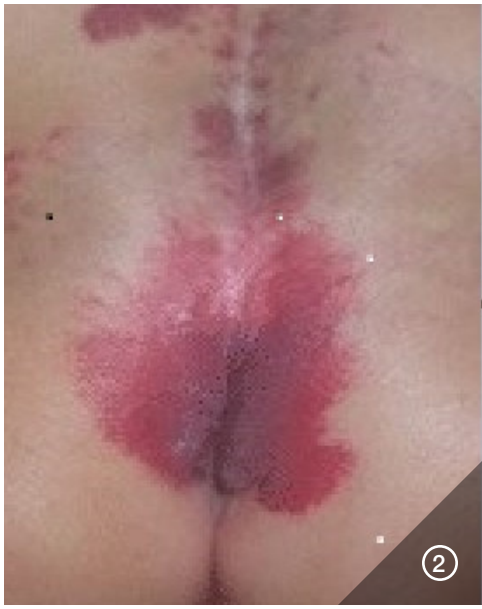
By: Susan Keiler, MD, FAAD

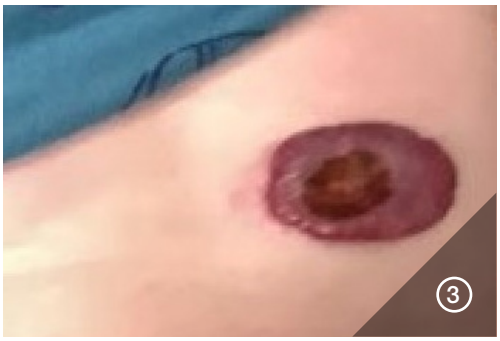
Hemangioma is a bright red birthmark that appears at birth or in the first or second week of life. Hemangiomas are the most common benign tumor of childhood occuring in 5% of newborns. The majority of hemangiomas occur sporadically. The most common locations are the head and neck. Risk factors include female sex, Caucasian race, prematurity, low birth rate, and multiparity.

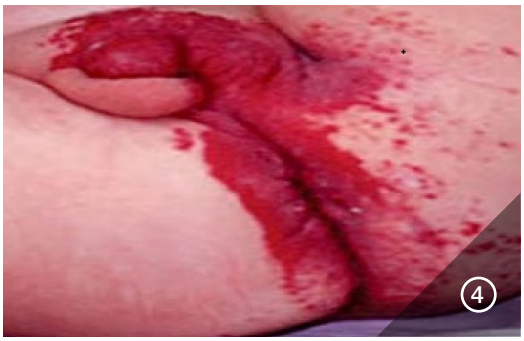
Classification is made based on the level of skin involvement. Superficial hemangiomas present as bright red dome-shaped papules, nodules, or plaques. Deep hemangiomas are subcutaneous partially compressible nodules or tumors with an overlying bluish hue. Combined hemangiomas have features of both and occur in 25-30% of patients. In addition to being superficial, deep, or combined, hemangiomas can be classified based on general morphology into focal or segmental hemangiomas.

The course of hemangiomas can be divided into three phases. The first three months is the period of most rapid growth, followed by a slower growth phase that may last up to 6-12 months of age, followed by involution. The onset of involution is marked by a color change, bright red to a dusky red, purple, or gray. As hemangiomas involute, they become more compressible, flatten and become less warm. It is estimated that complete involution occurs at a rate of 10% per year. It should be noted that involution does not necessarily imply totally normal skin. Possible residual changes









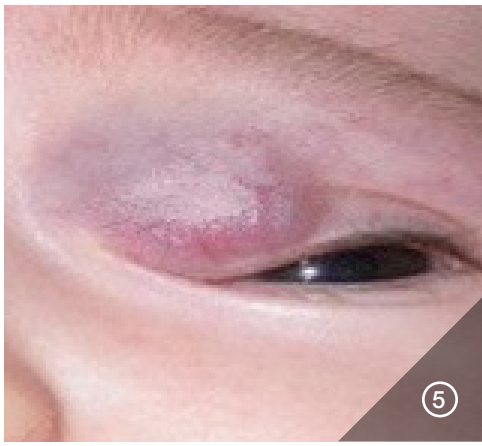


Figure 1: PHACES Syndrome, Figure 2: Spinal Dysraphism, Figure 3: Ulcerated Hemangioma, Figure 4: PELVIS Syndrome, and Figure 5: Periocular Hemangioma.

include the presence of persistent telangiectasias, atrophy, or fibrofatty masses.

Many hemangiomas are completely benign and can be treated by active observation without pharmaceutical intervention. However, there are several instances when therapy should be initiated early, and additional workup and quick referral is needed.

When to Worry and Reach Out to Your Friendly Pediatric Dermatologist

- Concern for associated birth defects: Spinal Dysraphism, PELVIS Syndrome, or PHACES Syndrome.
- Organ compromise: Visual or airway obstruction or significant visceral hemangiomas.
- Ulceration.
- Risk of poor cosmetic outcome.

Risk of Associated Birth Defects

Spinal Dysraphism

- **When to worry:** Segmental lumbosacral hemangioma that spans the midline.
- **Work up:** MRI (preferred); ultrasound can be considered for infants less than 4 months.

PELVIS Syndrome

Perineal hemangioma, external genital malformations, lipomyelomeningocele, vesico renal abnormalities, imperforate anus, and skin tags.

- **When to worry:** Segmental perineal or sacral hemangioma.
- **Work up:** MRI, renal ultrasound.

PHACES Syndrome

Posterior fossa malformation, hemangioma, arterial anomalies (cerebrovascular)—with risk of progressive vasculopathies and stroke while the hemangioma is proliferating, coarctation of the aorta and cardiac defects, eye abnormalities (especially retinal vascular anomalies), sternal defects and supraumbilical raphe.

- **When to worry:** Segmental facial hemangioma.
- **Work up:** Ideally refer to a pediatric multidisciplinary vascular malformation clinic who will arrange Ophthalmologic examination, MRI/MRA of the head and neck, MRI/MRA of the heart, and thyroid studies and initiate oral beta-blocker therapy as an inpatient.

Risk of Organ Compromise

Airway Compromise

- **When to worry:** Hemangioma in the "beard" area.
- **Work up:** Direct visualization if symptomatic.

Visual Compromise

Amblyopia from ptosis or astigmatism from retrobulbar extension with compression on the globe.

- **When to worry:** Hemangioma on the eyelid (the highest risk of complication is location; on the upper medial eyelid).
- **Work up:** Ophthalmology referral +/- MRI.

*Degree of skin and orbital involvement does not always correlate with such a low threshold for MRI.

Diffuse Neonatal Hemangiomatosis

(Liver> brain> GI tract) with risk of congestive heart failure due to AV shunting.

- **When to worry:** Six or more cutaneous hemangiomas.
- **Work up:** Liver ultrasound Guac stool, CBC, and liver panel if symptomatic or presence of hepatosplenomegaly.

Risk of Ulceration with Associated Pain and Scarring

- **When to worry:** Large hemangiomas, rapidly growing hemangiomas, or a trauma prone location (lip, groin).

Risk of Poor Cosmetic Outcome

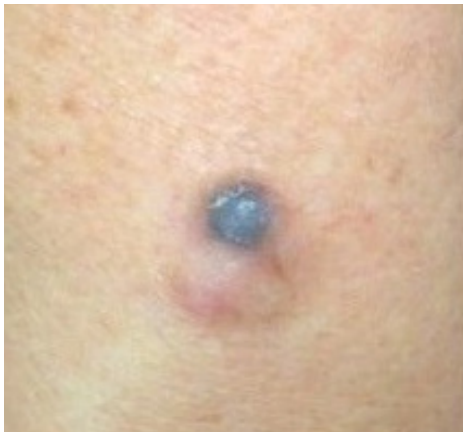
- **When to worry:** Central facial hemangiomas, pedunculated hemangiomas, or large raised hemangiomas.

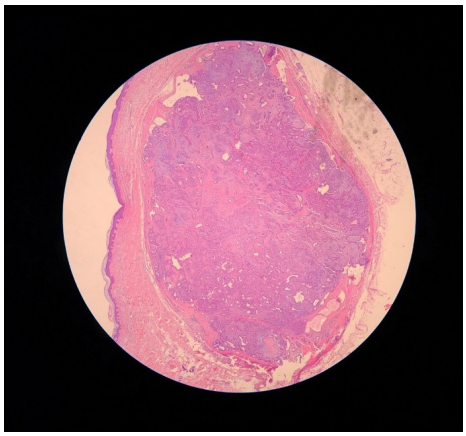
Take Home Points

- Most infantile hemangiomas are innocuous.
- Recognize high-risk hemangiomas:
  - Segmental
  - Large
  - Multiple (>5)
  - High-risk location (eyelid, nose, lip, ear)
- Refer sooner than later as the first few weeks/months are the most critical. However, therapy can still be helpful for hemangiomas that are no longer in the proliferative phase.

Under the Scope: Mixed Tumor (Chondroid Syringoma)

By: Brent Weed, MD, FAAD





History

This is a 64-year-old female with a history of breast cancer treated with lumpectomy and radiation in 2020 who presents with an enlarging and darkening nodule on the right dorsal wrist, present for many years (see clinical images). The lesion has not been treated in the past. The clinical impression included a cyst, calcinosis cutis, melanoma, and DFSP. An excisional biopsy was pursued.

Path

A relatively well-circumscribed, lobulated dermal nodule is seen. There is a homogenous, bluish chondroid stroma. Larger, dilated cystic structures are admixed with nests and cords of ductular and tubuloalveolar elements with cells showing abundant pink cytoplasms with basophilic nuclei. Some areas suggest early apocrine differentiation.

Diagnosis

Mixed Tumor (Chondroid Syringoma). This is a nice example of the benign adnexal tumor Chondroid Syringoma. The clinical darkening noted likely corresponds to the cystically dilated areas with possible hemorrhage. These classically occur in the head and neck region while the axilla, extremities, and scrotum are less often involved. Consistently, a background hyaline stroma, as seen in this example, is present with ductular/glandular elements which can show eccrine and apocrine differentiation. Excision or enucleation is typically curative, and recurrence is rare. As with many adnexal tumors, the malignant counterpart is aggressive and challenging to diagnose with partial sampling. For this reason, conservative removal may be considered for complete histologic evaluation.

Resources

1. McKee: Pathology of the skin, 3rd ed.
2. Bolognia: Dermatology
3. Pathologyoutlines.com (Chondroid syringoma)

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Diversity in Dermatology: Making Dermatologic Care More Inclusive

By: Missy Mesfin, MD, FAAD, FACMS

It has been almost two years since the inception of our Diversity Committee at Forefront. In these past two years, there has been a continued awakening to the importance of discussing and appreciating diversity within our communities and world. Not only has there been a social understanding of the need to understand diversity, but it is also being woven into professional communities. Our field of dermatology has embraced the goal of putting a spotlight on diversity, equity, and inclusion.

The AAD has started highlighting the importance of diversity by initiating a strategic plan through its diversity committee. This plan was approved in 2021 with a goal of achieving these objectives by 2023.

> "The goal is to foster diversity within our specialty and develop strategies to **increase dermatological services to under-served populations.**"

The goal is to foster diversity within our specialty and develop strategies to increase dermatological services to under-served populations. They have outlined four particular goals:

- Promote and facilitate diversity, equity, and inclusion within the AAD;
- Ensure dermatologic education and research encompasses health disparities and skin of color and advocate for Black and Latino patient representation in research;
- Expand the Academy's Advocacy Priorities to prioritize addressing health inequities;
- Increase the number of practicing dermatologists who are underrepresented minorities (URM) and provide leadership and professional development programming.

The American College of Mohs Surgery (ACMS)

The American College of Mohs Surgery (ACMS) has also started an initiative to highlight diversity, led by Forefront's own Dr. Algin Garrett. ACMS, like other national organizations, is committed to improving diversity, equity, and inclusion (DEI) and increasing URM in colleges. The number of URM Mohs surgeons is 4.5%, a number that has been consistent for the past three decades. This fact prompts the organization to recognize that improving DEI is a significant challenge that will require both a long-term commitment and a multifaceted approach.

The ACMS is assessing the level of diversity within the organization and reevaluating the mechanism for promoting and developing leadership among its membership. It plans to collaborate with organizations such as the AAD and SOCS, which have already begun initiatives that address issues of DEI. The Mohs Foundation has appointed a workgroup, *Mohs Surgeons Leading the Future (MSLF),* charged with extensively exploring the genesis of URMs and developing initiatives for improvement. The group's project has been divided into four components:

- Overall assessment of the issue;
- Assessment of the ACMS leadership;
- Fellowship and recruitment training; and
- URM mentorship at all levels, before, during, and after fellowship training. The ACMS Diversity Task Force hopes to coordinate with the MSLF group to implement its initiatives across multiple levels.

The Skin of Color Society (SOCS)

The Skin of Color Society (SOCS), established in 2004, aims to promote understanding and treating patients with skin of color. Their focus has been education, mentorship, and research. In the last two years, they have worked on projects with VisualDx and the New England Journal of Medicine Group on a virtual series. This four-part series examined racial bias, inequities in healthcare, and conditions that disproportionately occur in patients with skin of color. SOCS is also working in collaboration with SkinCeuticals® to create an online learning platform. In addition, the SOCS has a 5-year strategic plan to increase representation in research projects and overcome barriers that may exist.

Other Societies

Other societies that are acknowledging the importance of DEI efforts include the Women's Dermatologic Society (WDS), American Society of Dermatologic Surgery (ASDS), American Contact Dermatitis Society (ACDS), and Society of Pediatric Dermatology (SPD). In the International Journal of Women's Dermatology, the March 2021 issue was dedicated to articles focused on skin of color and DEI issues within dermatology. The ASDS established a DEI workgroup in April 2020 to promote cultural competency and awareness within dermatology surgery. ACDS formed a DEI task force in mid-2020 to examine how society could examine itself and promote a culture of inclusiveness, equity, and diversity. SPD also established an Equity, Diversity, and Inclusion Committee in summer 2020. These are just some examples of how different organizations within dermatology have shown their commitment to highlighting the importance of DEI issues within our specialty.

Vaseline

Vaseline has also launched initiatives to help make dermatologic care more inclusive. In November 2020, they launched a campaign called Equitable Skincare for All. Their website has various ways to educate both the public and healthcare providers. They have a series of teaching videos labeled Advanced Training for Healthcare Professionals. Eight videos (presented by dermatologists) highlight dermatology basics in caring for skin of color. Clinical topics, ranging from alopecia to skin cancer, are covered in approximately one-hour videos. The goal of this project is to provide skincare resources for all.

Diversity Awareness

It is a privilege to be a dermatologist. Particularly in light of our increasingly diverse US population, it is wonderful to see the changes being made to highlight DEI issues. In fact, one study showed that in the last four years, efforts to promote diversity via increased publications have been stronger in dermatology than in other medical fields. This increase in diversity awareness and its importance will continue to benefit our specialty, our communities, and our Forefront family.

Resources

1. AAD Diversity in Dermatology: Diversity Committee Approved Plan 2021-2023; https://www.aad.org/member/career/diversity
2. Bray, Jeremy and McmIcheal Amy, et al. "Publication rates on the topic of racial and ethnic diversity in dermatology versus other specialties." Dermatology Online Journal. March 2020; 26(3): 1-5.
3. Desai, Seemal, et al."Embracing diversity in dermatology: Creation of a culture of equity and inclusion in dermatology." International Journal of Women's Dermatology; Sept 2021; 7(4): 378-382.
4. Vaseline website: https://www.vaseline.com/us/en/healing-project.html

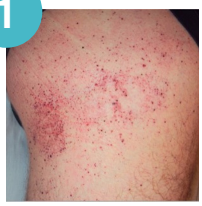
keeping up with the Kids

By: Sapna Vaghani, MD, FAAD

Q&A

Join me this quarter as we focus on Kodachrome questions based off of patients seen in the clinic over the last few weeks and a few articles from the last issue of Pediatric Dermatology.

1



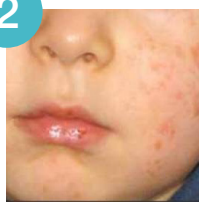
A 15-year-old is seen with increasing lesions on the trunk and in the perineal area.

This disease is caused by a defect in the following enzyme:

a. Cystathionine beta-synthase
b. Iduronate-2 sulfatase
c. Alpha-galactosidase A
d. Glucose-6-phosphatase
e. Alpha—1,4-glucosidase

Answer C: The X-linked recessive defect in the alpha-galactosidase A gene seen in the lysosomal storage disease, Fabry's disease, leads to the buildup of a glycosphingolipid called globotriaosylceramide. It accumulates in vascular endothelium, smooth muscle, fibroblasts, arrector pili muscles, and pericytes, leading to cerebral, cardiac, and renal disease. Angiokeratomas are most focused on the trunk, perineum (including the penis and scrotum), and oral mucosa.

2



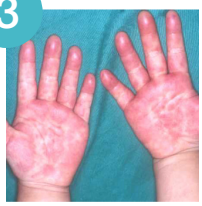
A 6-month-old infant presented with these asymptomatic lesions. Skin biopsy revealed a histiocytic infiltrate, negative for S100 and CD1a.

What is the next best step in management?

a. MRI of the brain
b. Observation
c. Repeat the biopsy with a DIF
d. Order a CBC with differential
e. A trial of clindamycin lotion

Answer B: Benign Cephalic Histiocytosis classically involves the head and neck with an average age of onset of 15-months (45% of the time infants are less than 6-months of age). It is a self-healing, cutaneous eruption although there have been a few reports of internal involvement (infiltration of the pituitary stalk with resultant diabetes insipidus). These findings are so uncommon that a workup is not necessary for healthy, asymptomatic patients.

3



Which of the following is false?

a. This condition can be associated with an enanthem with oral vesicles, erosions, and aphthae

b. This condition is often preceded by lymphadenopathy and arthralgias

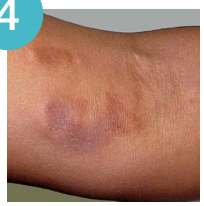
c. Treatment is symptomatic

d. Long-term sequelae, including cardiac disease, can be seen

e. It can be associated with mycoplasma infections

Answer D: Papular purpuric gloves and socks syndrome (PPGSS) is typically related to human parvovirus B19 in teens and young adults but has also been reported after infections with CMV, EBV, and mycoplasma as well as after exposure to some medications. It is often preceded by prodromal symptoms (including fever, lymphadenopathy, myalgias, and fatigue) and spontaneously resolves in 1-2 weeks, often with desquamation but without long-term sequelae. The eruption typically begins with edema and erythema of the hands, which evolves into a monomorphic eruption with purpuric macules and papules, sharply demarcated at the wrists and ankles.

4



The topical treatment of choice for this patient is:

a. Clobetasol ointment with occlusion

b. Calcipotriene ointment BID with occlusion

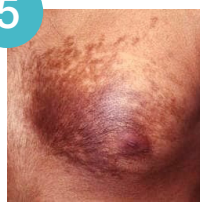
c. Tazarotene 0.1% cream

d. Topicals never work, skip to a systemic agent

e. Azeleic acid

Answer B: In children, linear morphea is the most common of the five subgroups of morphea (circumscribed, linear, generalized, mixed, and pansclerotic). It generally affects limbs but occasionally the trunk and head, as in en coup de sabre and Parry-Romberg. When an extremity, is involved, there is risk of associated undergrowth, contractures, and impaired joint mobility. 15-24% of children with morphea have arthralgias, and this is more common in the linear, generalized, and circumscribed deep forms. Linear morphea lesions typically last longer than other subtypes and can have long periods of remission followed by reactivation. The topical treatment of choice for linear morphea is calcipotriene ointment with occlusion. High potency topical steroids can facilitate resolution but can result in atrophy. First-line systemic therapy is methotrexate in combination with systemic corticosteroids.

5



An 11-year-old male presents with this new lesion.

You counsel the family that:

a. Coarse terminal hairs will develop within 1-2 years but not necessarily coinciding with the pigmented area

b. It will resolve over time

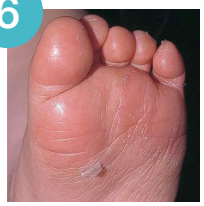
c. It can easily be removed via laser

d. Malignant transformation is possible

e. It is more common in females

Answer A: Becker nevus (Becker melanosis) typically occurs in adolescence and is much more common in males than females. The outline is irregular and is sometimes surrounded by blotchy pigment. It is most often unilateral and on the upper half of the trunk (especially on the shoulders) but has also been reported on the face, abdomen, buttocks, and extremities. There have been reports of familial cases. It usually is an isolated finding but can be seen with other abnormalities (such as unilateral breast hypoplasia, limb asymmetry, focal acne, and pectus carinatum) and in that case, has been referred to as Becker nevus syndrome. Malignant transformation does not occur. Laser does not typically improve the pigmentation.

6



This 4-year-old has had pruritus and scale on the distal soles for 2 years.

What advice do you give the parent?

a. Apply econazole cream BID
b. Avoid leather shoes
c. Eliminate gluten from the diet
d. Avoid Crocs unless wearing socks
e. Apply erythromycin solution BID

Answer D: Juvenile plantar dermatosis presents most often in infancy and childhood with symmetric, smooth, red patches with fine scale. It typically affects the distal soles and toes, especially the first toes, but spares the webspaces. Overtime, lichenification can be seen. It is associated with hyperhidrosis. Treatment focuses on preventive measures such as emollients, keeping the feet dry, non-occlusive footwear, and cotton socks. Medium to high potency topical steroids improves pruritus and inflammation.

7

Which of the following is false?

a. Associated melanoma can develop within the central nervous system
b. Development of melanoma within satellite lesions is uncommon
c. This patient is at increased risk for other malignancies, including rhabdomyosarcoma and liposarcoma
d. The risk for neuocutaneous melanosis is higher in patients with a greater number of satellite nevi
e. Melanoma, when seen in association with this lesion, typically occurs in adolescence

Answer E: Malignant melanoma arising from a large or giant congenital melanocytic nevus most often develops before the age of 5.

Resources

1. Acral manifestations associated with infection. Quentin Jordens MD, Hannelore De Maeseneer MD, Charlotte De Crem MD, Regina Fölster-Holst MD, PhD, Dirk Van Gysel MD, PhD. Pages: 1475-148. First Published: 29 October 2021
2. Dermatologic manifestations of pediatric cardiovascular diseases: Skin as a reflection of the heart. Virginia A. Jones MD, MS, Payal M. Patel MD, Tom Valikodath MD, Kurt A. Ashack MD. Pages: 1461-1474. First Published: 01 November 2021.
3. Paller AS, Mancini AJ (eds): Hurwitz Clinical Pediatric Dermatology: A Textbook of Skin Disorders of Childhood and Adolescence. Amsterdam, Elsevier, 2016.
4. Benign Cephalic Histiocytosis. *Cutis.* 2015 June; 95(6): E15–E17. By Magdalena Lange, MD, PhD Ewa Iżycka-świeszewska, MD, PhD.
5. Gradual Spontaneous Fading of Giant Congenital Melanocytic Nevi of the Scalp and Trunk. María S Zegpi[1], Andrea Santos[2], Catalina Hasbún[3], Paula Majluf[1], Virginia Vergara[4], Alejandra Villarroel[5]. *Indian Journal of Dermatology, Vol. 66, No. 4, July-August 2021, pp. 430-431.*

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Forefront Forum: Derm Haikus

By: Libby Jacobson, MD, FAAD

The haiku is an ancient form of Japanese poetry that has become very popular all over the world. Renowned for its small size, haikus consist of just three lines; the first and third lines have five syllables, whereas the second has seven.

The therapeutic use of haiku for reflection and connection amongst healthcare professionals has roots scattered throughout academic literature in many disciplines. It is hoped that through reading this article, you can also stumble into (and fall in love with) the art of haiku as a professional reflective practice.

Michele Magnino, MD
Fairfax, VA

Liquid nitrogen
A cold stinging sensation
Should heal in ten days

Aubrey Pugh, NP
Fairhope, AL

I see scary bugs
Exterminator said "no"
Arthropod assault

Ashley Dietrich, MD
Wauwatosa, WI

Vitamin C and
Sunscreen all day, every day
Keeps wrinkles away

What's poppin? Brand new
Cyst, we're watchin, got options
Packed in? Just joshin

Eric Marsh, MD
Pleasant Prairie, WI

Malignant blossom
Silently growing until
Mohs plucks the flower

Andrea Harris, PA-C
Carmel, IN

Oh No! It's hair loss
Cancel the rest of my day
This may take a while

Juvéderm®, Botox®
Inject it in my face, please
Best perk of the job

Here's to my bag of skin
Do you see the crawling bug?
It was there I swear!

Lisa Campbell, MD
DePere, WI

Nose holes everywhere
Sensible shoes running past
Mohs gals go and go

Erin Risco, NP-C
Mobile, AL

I want glowing skin!
You need vitamin C, stat!
Like, for Corona?

Giacomo Maggiolino, MD
Pleasant Prairie, WI

A summer romance
A painless ulceration
Oh what can it be?

Betsy Wernli, MD
Manitowoc, WI

I push the skin, WOW!
I code 99214…
MD I am, YES!

Acne, warts, skin tags
Are not why I love the skin…
I love changing lives

The skin seems simple,
But complex medical derm
Quickly changes perceptions

Abigail Donnelly, MD
Carmel, IN

Feeding the blackbirds
Your ring caught in my pocket
A fistful of seeds

Fingerprints splitting
He wonders, gazing through a
Frosted windowpane

Hillary Ahola, PA-C
Appleton, WI

Come for your skin care!
We are the mole patrollers!
Protect with sun screen!

Alexandria Meccia, MD
Berwyn, IL

Skin and Hair and Nails
Cancer, Rashes, Cosmetic
Dermatology

Libby Jacobson, MD
Hoover, AL

Smooth foreheads abound
Click by in Leubotin heels
My derm sisters rule!

Margaret Maxi, MD
Neenah, WI

My hand on the door,
"Doc, I forgot one quick thing…
My hair, it's thinning"

Kate Harrison, PA-C
Englewood, CO

Forefront Dermatology practitioners are fantastic
We make skin improvements drastic not plastic.
At Forefront, we are enthusiastic!

Luette Semmes, MD
Columbia, MD

"I'm losing my hair"
Seems simple, but never is;
Short visit now long

Twenty warts on hands
Candida? Imiquimod?
Why not try duct tape…

"I have Morgellons"
Deep breath, serious face on
Do thorough exam

I see no fibers;
Your brain is over active.
Try pimozide

Another clinic
Bumps, rashes, acne and warts
Skin is beautiful

Marie Kresse, PA-C
Clive, IA

Not a reflection,
But an approximation
EMA, that is you

Tori Negrete, MD
Carmel, IN

Biopsy needed!
"But it's been there forever."
Well it's fungating…

Diane Thaler, MD
Sturgeon Bay, WI

I have such big pores
Magnified with a mirror
See what others don't

Jane Chew, MD
Columbia, MD

Apple jelly yum
Spaghetti and meatballs yum
Derm makes me hungry

Itchy skin no it's
Lichen simplex chronicus
Derms aim to impress

Skin tags fancy like
Acrochordons but still not
Fancy like Betsy

Alison Peterson, NP-C
Hoover, AL

Sunscreen all the time
Vitamin deficiency
No wrinkles for me

Just three simples lines to relieve stress and offer some serenity.

Beauty Blog: Aesthetic Trends for 2022

By: Betsy Wernli, MD, FAAD and Tori Negrete, MD, FAAD

New Year, new you? Nah. We prefer: New Year, new options—Advances in technology continue to push the boundaries of what can be achieved with minimally invasive procedures. Here, are a few new technologies we're excited about!

Ellacor™

What it does: Treatment of moderate to severe wrinkles in the mid to lower face.

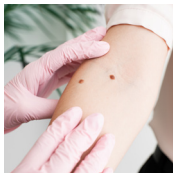
A first-of-its-kind technology, the Ellacor™ system uses hollow needles to remove microcores of skin, resulting in an improved appearance of wrinkles in the mid to lower face without the need for invasive surgery or thermal energy. The hollow needles are designed to excise full-thickness microcores of dermal and epidermal tissue, and then the skin's wound healing begins, resulting in tightening of the skin. Treatments can be customized to the patient (percent of skin removed and core depth), depending on the severity of laxity.

www.ellacor.com

Chin & Jawline Filler Augmentation

FDA approved products: Restylane® Defyne and Juvéderm® Voluma™ XC

The continuation of Zoom meetings in 2022 has a lot of patients looking at their animated selfies, and a trend that is really starting to take off is chin and jawline filler. I personally have seen an uptick in patients asking for jawline contouring, and this trend is likely only to become more popular.

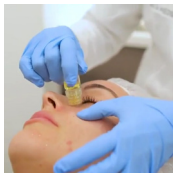


CellFX®

What it does: The removal of benign skin lesions.

CellFX® uses patented Nano-Pulse Stimulation technology to apply ultrafast energy pulses targeting benign cells, inducing apoptosis. Because this technology affects only cells, it doesn't harm the healthy, non-cellular collagen foundation surrounding the lesion. This has become a game-changer for treating sebaceous hyperplasia, warts, syringomas, and even dermatofibromas. In many cases, only one treatment will clear the skin lesion.

www.cellfx.com



Aquagold® Fine Touch™

What it does: Plump and tighten the skin for a glowing complexion; minimizes pores.

The Aquagold® device is a microneedling device with tiny 24-karat gold hollow bore needles with a small canister to make customized concoctions in the office. A small amount of HA filler, Botox®, and other vitamins are stamped into the skin superficially, resulting in a glowy complexion. There is no need for a big device investment, though the treatments are pricy, given the cost of materials.

www.aquagoldfinetouch.com

HOT OFF THE PRESS

By: Katie Hunt, MD, FAAD

Sun-Protective Behaviors with Bone Mineral Density and Osteoporotic Fractures

A population-based cross-sectional study found no association between sun protection and decreased bone mineral density. Also, no association between sun protection and increased risk of osteoporotic fracture.

Reference: Afarideh et al. JAMA Dermatol Oct 2021.

Transected Invasive Melanoma

Management of transected invasive melanoma: Excision data comparison at one institution upstaged transected melanomas 13.6% of the time. Predictors of upstaging: broadly transected tumor, gross residual tumor, and pigment after biopsy.

Reference: Duncan et al. Dermatologic Surgery, Dec 2021.

Melatonin

Melatonin and its derivatives possess anti-aging and anti-oxidant properties.

Reference: Bocheva et al. International Journal of Molecular Sciences, Jan 2022.

Lymphohematologic Malignancy

Psoriasis patients have higher risk of lymphohematologic malignancy, confirming prior findings (Hodgkin lymphoma HR 1.7, NHL HR 1.3, multiple myeloma HR 1.3, leukemia HR 1.3).

Risk of CTCL much higher HR 6.2.

Reference: Bellinato et al. JAAD Jan 2022.

Standardized Scalp Photography

Alopecia: Standardized scalp photography increases patient agreement with provider assessment and decreases patient anxiety.

Reference: Pathoulas et al. JAAD Dec 2021.

Acral Lentiginous Melanoma (ALM)

Acral lentiginous melanoma (ALM) independently associated with sentinel lymph node (SLN) positivity.

Consider advocating for SNLBx in patients with ALM.

Reference: Cheraghlou et al. JAMA Derm, Dec 2021.

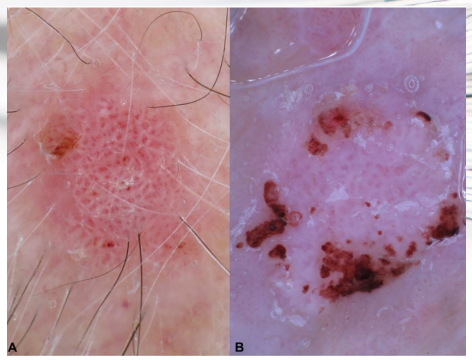


Figure 1. Squamous cell carcinoma (SCC). Dermoscopic images of **(A)** a nonpigmented SCC displaying polymorphous vessels consisting mainly of dotted and glomerular vessels and **(B)** a nonpigmented SCC typified by dotted vessels. A few glomerular vessels and bleeding are additionally seen.

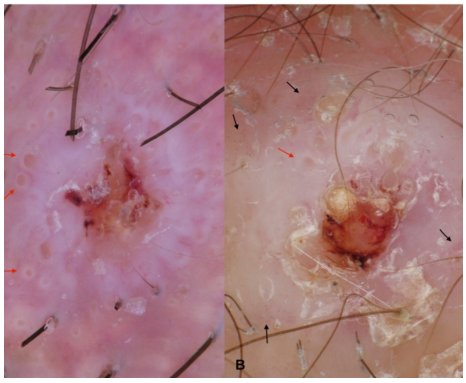


Figure 2. Squamous cell carcinoma (SCC). Dermoscopic images of **(A)** an SCC displaying white structureless areas and a few white circles (red arrows and **(B)** an SCC exhibiting white structureless areas, a white circle (red arrow), and a few dotted vessels (black arrows).

Dermoscopic Predictors of Squamous Cell Carcinoma (SCC) vs Inflamed Seborrheic Keratosis (ISK)

SCC: Dotted vessels, branched linear vessels, white structureless areas, white circles surrounding follicles (see figures 1 & 2).

ISK: Hairpin vessels, diffuse regular vessels.

Reference: Papageorgiou et al. JAAD, Nov 2021.

President & Editor
Betsy Wernli, MD, FAAD

Email

Betsy has a busy practice in Manitowoc, WI. She completed her undergraduate at the University of Oklahoma where she stayed for medical school and completed her residency at Iowa. She has three boys, four if you count her husband, and enjoys all things sports. She is obsessed with her Peloton®, and loves serving the Forefront physicians. Betsy is always available by cell or email.

Susan Keiler, MD, FAAD

Susan is a board-certified adult and pediatric dermatologist. She completed her dermatology residency at University of Hospitals/Case Western and then returned to Northwestern to complete a pediatric dermatology fellowship. Susan and her husband just welcomed their fourth child, a little boy, in January, 2022. She spends most of her free time entertaining their four little ones, all under the age of five but enjoys baking and hopes to be able to start running and traveling again soon!

Giacomo Maggiolino, MD, FAAD

Giacomo graduated from the University of Notre Dame, attended medical school at the University of Illinois in Chicago, and completed his residency at Cook County in Chicago. He now practices in Pleasant Prairie and Grafton, WI. He is kept busy at home with four young children but he also enjoys traveling and cooking—especially making homemade pasta and Italian dishes. Giacomo is Forefront's Public Relations Chairperson.

Tori Negrete, MD, FAAD

Tori practices in Carmel, IN, Neenah, WI and is also the medical director of Excelin Medical Spa in Appleton, WI. A Chicago native, she returned to complete her dermatology residency at Cook County Hospital after attending medical school at the University of Iowa. In her free time, she loves to travel the world with her husband George, drink wine, eat fabulous food, Peloton® (to burn off those calories), and love up her adorable French bulldogs, Bruster, Bernadette and, Claudette.

Brent Weed, MD, FAAD

Brent practices dermatology and dermatopathology in Appleton, WI. He completed his dermatology residency and dermatopatholoy fellowship at Mayo Clinic in Rochester, MN. Brent and his wife have 6 children, 4 boys and 2 girls, and spend much of their time trying to keep up with them. He enjoys taking on odd jobs around the house, reading, and spending time in the great outdoors.

Sapna Vaghani, MD, FAAD

Sapna is a pediatric dermatologist working in the suburbs of Chicago. She completed her undergraduate work at Northwestern University, followed by medical school at MCP Hahnemann (now Drexel) in Philadelphia. She came back to Northwestern to complete her residencies in pediatrics, dermatology, and finally, a fellowship in pediatric dermatology. Sapna's free time is spent with her husband and two girls. They love to cook, eat, do arts and crafts, and travel!

Missy Mesfin, MD, FAAD, FACMS

Missy is a Mohs surgeon in Vienna, VA. She is a fellow of the American Academy of Dermatology, American College of Mohs Surgery and the American Society of Dermatologic Surgery. She attended the University of Michigan for both undergraduate and medical school. She also completed her dermatology residency and Mohs fellowship at U of M. Missy's interests include treating skin cancer, performing cosmetic procedures, and enjoying time with her two children.

Molly Moye, MD, FAAD, FACMS

Molly is a fellowship-trained Mohs surgeon who practices in Elizabethtown and Louisville, KY. Her professional areas of interest are skin cancer detection and treatment, Mohs surgery, and performing cosmetic treatments including, Botox®. Molly finds it very rewarding to follow patients over time and see improvements in their quality of life as their skin conditions are treated.

Todd Rickett, MD, FAAD

Todd practices in Louisville, KY. He completed his dermatology residency at Rush University in Chicago, IL, after earning his MD and PhD through the combined degree program of Indiana University and Purdue University. Outside of work, he and his wife spend most of their time keeping up with their two very active children and they are expecting their third child in March 2022.

Katie Hunt, MD, FAAD

Katie started her career in business and engineering at the University of Alabama. She worked as a patient flow consultant for Stockamp & Associates and as a supply chain leader at GE Healthcare before discovering her desire to help others in the field of medicine. Katie completed her medical education and dermatology residency at the University of Alabama and served as chief resident during her final year. She enjoys hiking, camping, running, and strategic board games.

Libby Jacobson, MD, FAAD

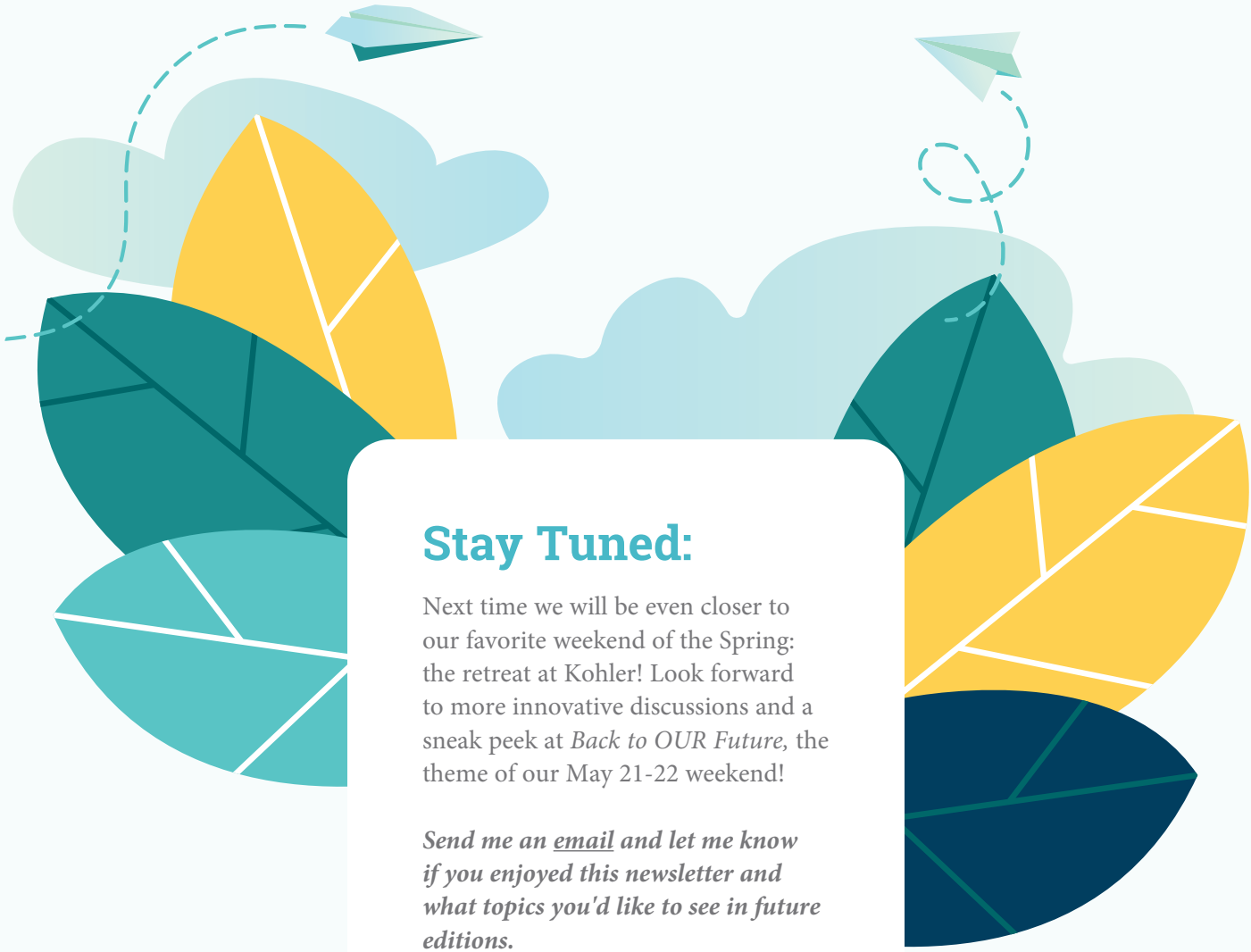
Libby practices in Hoover, AL. Libby is a fellow of the American Academy of Dermatology, American Society of Dermatologic Surgery, and has served as President of the Alabama Dermatology Society. She attended Auburn University, where she was named Auburn University's Most Outstanding Senior. She received her medical degree from the University of Alabama School of Medicine in Birmingham, where she graduated with honors. Libby is married to her husband, Keith and they have three children.

Scott Goss
Chief Operating Officer

Scott is the Chief Operating Officer and has direct leadership responsibility for clinic operations, marketing, patient access, credentialing, human resources, and clinician recruiting. He has been at Forefront for the past six+ years and has held leadership positions within healthcare services, device, and technology companies for 20+ years. He has been married to his wife, Janet, for over 20 years, and they have two boys, Nate (18) and Ben (16).

Kayleen Moore
Lead Documentation & Coding Specialist

Kayleen is our Lead Documentation and Coding Specialist. She enjoys working with fellow coders (Kari Wagner and Beth Westcott) on a team that is passionate about supporting Forefront's physicians, PAs, and NPs in the ever-changing world of coding and documentation. Kayleen loves traveling with her husband Ian and spoiling her two dogs, Lucky (a sweet and cuddly Poodle/Dachshund mix) and Mabel (a sassy little Westie).



Stay Tuned:

Next time we will be even closer to our favorite weekend of the Spring: the retreat at Kohler! Look forward to more innovative discussions and a sneak peek at *Back to OUR Future,* the theme of our May 21-22 weekend!

Send me an email and let me know if you enjoyed this newsletter and what topics you'd like to see in future editions.

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