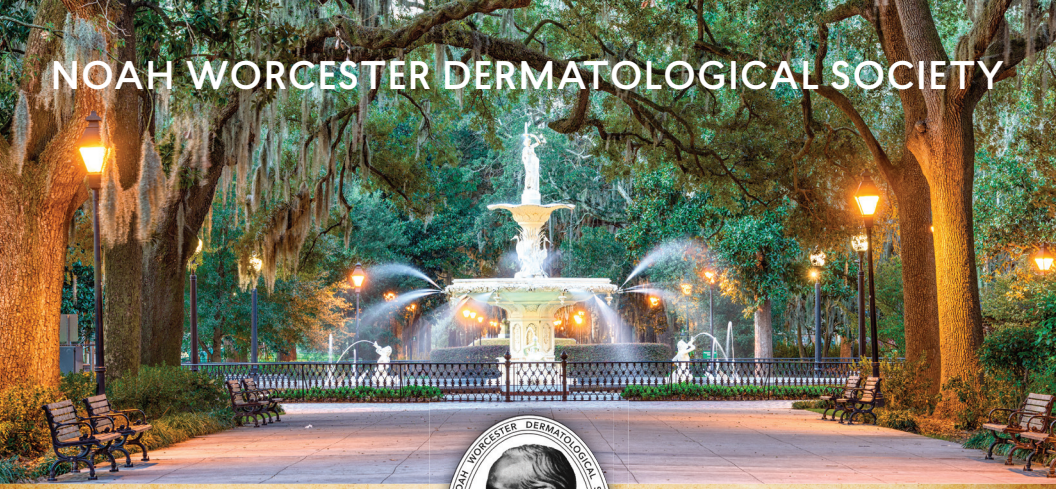
NOAH WORCESTER DERMATOLOGICAL SOCIETY



60TH ANNUAL MEETING

Southern Comfort *with* Savannah Charm

March 21-25, 2018

WESTIN SAVANNAH HARBOR GOLF RESORT

SAVANNAH, GEORGIA

MAIN PROGRAM & OFFICE DIRECTORY

NOAH WORCESTER DERMATOLOGICAL SOCIETY

SIXTIETH ANNUAL MEETING

March 21 - 25, 2018

The Westin Savannah Harbor Golf Resort

Savannah, Georgia

www.noahderm.org

CME DESIGNATION STATEMENT

The activity has been planned and implemented in accordance with the accreditation requirements and policies of the Institute for Medical Quality/California Medical Association (IMQ/CMA) through the join providership of Western Occupational & Environmental Medical Association and Noah Worcester Dermatological Society. The Western Occupational & Environmental Medical Association is accredited by the IMQ/CMA to provide continuing medical education for physicians.

The Western Occupational & Environmental Medical Association designates this live educational activity for a maximum of 10.75 AMA PRA Category 1 Credit(s). Physicians should only claim credit commensurate with the extent of their participation in the activity.

MEETING SPACE PROCEDURE FOR NON-CME PROGRAMMING

Some non-accredited commercial programming is scheduled to take place in the same meeting room as the CME-accredited scientific program at the Noah Worcester Dermatological Society's 60th Annual Meeting. This non-accredited programming will not intersect with any of the CME-accredited programming. To ensure the integrity of the CME-accredited programming is maintained and free of commercial influence, the following measures will be taken:

1. Non-accredited commercial programming will only be scheduled before or after the CME-accredited programming. Sessions will not be co-mingled.

2. An audio and visual (PowerPoint) announcement will be made to clearly signal the conclusion of the non-accredited programming and the start of the accredited programming.

3. Prior to the start of the accredited programming, onsite meeting staff will clear the meeting room of all commercial materials.

A Brief History of the
Noah Worcester Dermatological Society

The concept of a dermatological society composed of former residents and fellows and faculty members of the Department of Dermatology of the University of Cincinnati College of Medicine was proposed by the writer early in 1957. An organization committee was formed. This consisted of Drs. Donald Birmingham, Mitchell Ede, Leon Goldman, Edwin Higgins, Daniel J. Kindel, H. Jerry Lavender, Harry Nieman, Robert Preston, John B. Squires, Raymond Suskind and Alfred L. Weiner, Chairman.

It was soon apparent that there was considerable spontaneous interest in the Society among Cincinnati colleagues. As a result, it was determined that the Society's best interests would be served if it were to become the nucleus of a modest national organization. The committee proceeded on this basis. The founding organization meeting of the Society was held at the Eden Roc Hotel, Miami Beach, Florida, April 23-27, 1958. The constitution authored by the committee of Drs. Mitchell Ede, Leon Goldman, and H. Jerry Lavender, Chairman, was ratified and a charter board of trustees was elected. The charter trustees were Drs. Donald Cole, Mitchell Ede, Edwin Higgins, Daniel J. Kindel, H. Jerry Lavender, Raymond Suskind and Alfred L. Weiner. The trustees elected as charter officers included Dr. Weiner, President, Dr. Kindel, vice president and Dr. Lavender, secretary.

There were 38 registrants at the organizational meeting and a most satisfactory scientific program was presented. A well planned round of social activities led to pleasant diversion and a sense of genuine camaraderie among those attending was immediately evident.

The Noah Worcester Dermatological Society was selected as the name for the new organization to memorialize the hitherto often unrecognized author of the first American textbook of dermatology. Dr. Noah Worcester, a graduate of Dartmouth Medical School, came to Cincinnati to associate with Dr. R.D. Mussey who had accepted the Chair of Surgery in the Medical College of Ohio in Cincinnati in 1838. Eventually his successful and financially rewarding medical practice made possible the realization of his drive to acquire further knowledge by study in Europe. In 1841, he journeyed abroad to study the methods of Laennec in physical diagnosis and further his interest in pathology. During his stay in Paris, Worcester devoted a considerable portion of his time to attendance at St. Louis Hospital, at that time the world's foremost center of dermatologic teaching and research. Although in a sense, Worcester's interest in diseases of the skin was a secondary one, it was nevertheless genuine and intense. He returned to America and to Cincinnati in 1842 to resume practice with Dr. Mussey and later to become professor of physical diagnosis and pathology at the Medical College of Ohio. He also attended dermatologic

patients, applying his newly acquired knowledge, and lectured on diseases of the skin – probably the first American to do so. In 1843, Worcester accepted the professorship in general pathology, physical diagnosis and diseases of the skin in the Medical Department of the Western Reserve College in Cleveland, Ohio. In addition to teaching and attending private patients in the Cleveland area, Worcester also traveled to Cincinnati from time to time to attend increasing numbers of patients in this city. During this period, despite failing health, Worcester wrote his textbook of dermatology, "A Synopsis of the Symptomatic Diagnosis and Treatment of the More Common and Important Diseases of the Skin," printed originally in Cincinnati in 1845.

Dr. Worcester died of tuberculosis at an early age shortly after his textbook was written. He is buried in Spring Grove Cemetery in Cincinnati. It seems appropriate that a dermatological society originating at the University of Cincinnati bear Dr. Worcester's name and that the significance of his authorship of the first American textbook of dermatology be thus recognized.

Following the organization meeting in 1958, subsequent meetings of the "Noah Worcester" have been held annually in late winter or early spring. There have also been annual reunions during the course of the American Academy of Dermatology meetings.

The Noah Worcester Dermatological Society has continued to accomplish its objective to provide and to nurture a relatively small national organization characterized by scientific dermatologic programs of high caliber and intimate association among its members. It is the general feeling of the Board of Trustees and of the members of the Society that the membership roster be selectively limited in order to assure continuation of this intimacy and the academic standards of the scientific programs.

Alfred L. Weiner, MD
Founder

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*Alfred L. Weiner, MD 1958-1959 (Founder)
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*J. Robert West, MD 2007-2008
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Neil Fenske, MD 2010-2011
Elaine Young, MD 2011-2012
Suzanne Connolly, MD 2012-2013
Anthony Fransway, MD 2013-2014
James O. Ertle, MD 2014-2015
Jennifer L. Vesper, MD 2015-2016
Clay Cockerell, MD 2016 - 2017

*Deceased

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Raymond M. Handler, MD 1991-1996
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Julia Lehman, MD
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Taranea Paravar, MD
San Diego, CA

Beth Ruben, MD
Palo Alto, CA

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Joan Guitart, MD
Chief of Dermatopathology in the Department of Dermatology
Professor of Dermatology and Pathology
Northwestern University
Chicago, IL

Hensin Tsao, MD, PhD
Head, Skin Cancer Genetics Laboratory/ Wellman Center for Photomedicine
Director, MGH Melanoma and Pigmented Lesion Center/Department of Dermatology
Director, MGH Melanoma Genetics Program/ MGH Cancer Center
Massachusetts General Hospital
Boston, MA

Professor of Dermatology
Harvard Medical School
Boston, MA

IN MEMORIAM

Elizabeth Abel, MD
Robert Katz, MD
Paul Krusinski, MD
Kenneth Neldner, MD
J.B. Pinski, MD
Harold G. Ravits, MD
Jerry Schimmel, PhD
David A. Whiting, MD

NOAH WORCESTER DERMATOLOGICAL SOCIETY GRANTS

Financial support of departments of dermatology has been an important function of the Society since its inception. Since 1968, the following dermatology departments have received Noah Worcester grants.

1968 University of Cincinnati, College of Medicine
1970 University of Texas at San Antonio, School of Medicine
1971 Brown University
1973 University of California, San Diego Campus
1974 Mt Sinai Hospital, Miami
1974 New Mexico School of Medicine
1975 University of Louisville
1976 University of Nebraska and Creighton University
1977 Northwestern University
1978 Emory University, Atlanta
Medical College of Wisconsin
1979 University of Cincinnati, College of Medicine, Noah Worcester Library
1980 University of Texas at San Antonio, School of Medicine
University of Cincinnati, College of Medicine
Rush Presbyterian-St. Luke's Medical Center, Chicago
1981 University of California at Irvine
The Mayo Clinic
Tufts College Medical School
1982 Wayne State University
1983 University of Texas Medical Branch-Galveston
1984 University of Cincinnati, College of Medicine
The Mayo Clinic
Sulzberger Chair of Dermatology
1985 Boston University School of Medicine
University of Florida College of Medicine
1986 University of Cincinnati Medical Center, Dept. of Dermatology
Bowman Gray School of Medicine
Wake Forest University, Dept. of Dermatology
1989 University of Cincinnati Medical Center, Dept. of Dermatology
Emory University School of Medicine, Dept. of Dermatology
1990 Wright State University, School of Medicine
1992 University of Cincinnati Medical Center, Dept. of Dermatology
University of Virginia, Wayne State University
1996 University of Cincinnati Medical Center, Dept. of Dermatology
1997 University of Cincinnati Medical Center, Dept. of Dermatology
2002 University of South Florida, Dept. of Dermatology
University of Cincinnati Medical Center, Dept. of Dermatology
Cook County Hospital, Div. of Dermatology
2003 Mayo Clinic Jacksonville, Dept of Dermatology
2005 Cook County Hospital, Div. of Dermatology
Northwestern University, Dept. of Dermatology
2007 Kansas University, Dept. of Dermatology
2009 University of South Florida, Department of Dermatology

In addition to the above, the Society has been a frequent contributor to the Dermatology Foundation, Camp Discovery, and the Foundation for International Dermatologic Education.

Wednesday, March 21

12:30 PM – 5:00 PM	**Registration**	Grand Ballroom Prefunction
1:00 PM – 4:00 PM	**Board of Trustees Meeting**	Riverscape B

Thursday, March 22

6:30 AM – 8:00 AM	**Member Breakfast**	Grand Ballroom C
6:30 AM – 9:00 AM	**Registration**	Grand Ballroom Prefunction
9:00 AM – 12:20 PM	**Late Registration / Information**	Grand Ballroom Prefunction

CME-Accredited Scientific Sessions — Grand Ballroom AB

8:00 AM – 8:10 AM	**Welcome/Housekeeping**
8:10 AM – 8:25 AM	**President's Welcome Presentation** *James Nordlund, MD*
8:25 AM – 8:40 AM	**The Resurgence of Syphilis: Returning to Dermatology & Syphilology?** *Mark Cappel, MD*
8:40 AM – 8:55 AM	**Interesting Cases from the Midwest: Ohio the Heartland** *Neera Agarwal-Antal, MD*
8:55 AM – 9:05 AM	**Sherlock Holmes and Dermatology** *Joel Schlessinger, MD*
9:05 AM – 9:20 AM	**A Red Streak in the Nail: Evaluation and Diagnosis of Longitudinal Erythronychia** *Adam Ian Rubin, MD*
9:20 AM – 9:26 AM	**Does Sunscreen Affect Corals?** *Matthew J. Zirwas, MD*
9:26 AM – 9:46 AM	**Interesting Cases from the Deep, Deep South** *Robert Brodell, MD*
9:46 AM – 10:17 AM	**Scientific Discussion & Break**
10:17 AM – 10:23 AM	**Pernio (Chilblains): What Workup (if Any) is Routinely Needed?** *David A. Wetter, MD*

10:23 AM – 10:29 AM **Cutaneous Blastomycosis**
Peter Muelleman, MD

10:29 AM – 10:49 AM **An Update on the Treatment of Cutaneous Squamous Cell Carcinoma in Situ**
Andrew Ondo, MD

10:49 AM – 11:04 AM **Hadradenitis Supperativa**
Noah Scheinfeld, MD

11:04 AM – 11:20 AM **Vascular Compromise with Fillers**
Joel L. Cohen, MD

11:20 AM – 11:30 AM **Vibration to Reduce Injection and Laser Discomfort**
Kevin C. Smith, MD

11:30 AM – 11:50 AM **How to Improv-e Doctor Patient Communications**
Michael A. Greenberg, MD

11:50 AM - 12:10 PM **Concepts Which Have Dramatically Changed the Way I Treat Common Dermatoses**
P. Haines Ely, MD

12:10 PM – 12:20 PM **Scientific Discussion**

Friday, March 23

6:30 AM – 8:00 AM **Member Breakfast** Grand Ballroom C

6:30 AM – 1:00 PM **Late Registration / Information**
Grand Ballroom Prefunction

Noah Therapeutic Skin Think Tank Non-CME Industry Sessions
Grand Ballroom AB

7:00 AM – 7:30 AM **Non-CME Industry Session**
Advancements in Topical Rosacea Treatments -- A Clinical Review*
Michael O'Donoghue, MD
presented by GALDERMA
**This is a non-CME accredited session*

CME-Accredited Scientific Sessions Grand Ballroom AB

8:00 AM – 8:05 AM ***Harold O. Perry, MD Lecture Introduction***
James Nordlund, MD

8:05 AM – 8:50 AM ***Harold O. Perry, MD Lecture***
Skin Immune System and the New 2016 Classification of Cutaneous Lymphomas
Joan Guitart, MD

8:50 AM – 9:00 AM	**Scientific Discussion**
9:00 AM – 9:05 AM	***Alfred L. Weiner, MD Lecture Introduction*** *Mark Zalla, MD*
9:05 AM – 9:50 AM	***Alfred L. Weiner, MD Lecture*** **New Insights Into Hereditary Melanoma** *Hensin Tsao, MD, PhD*
9:50 AM – 10:10 AM	**Scientific Discussion & Break**
10:10 AM – 10:30 AM	**Pediatric Derm: A Panoply of Practical and Puzzling Patients from Private Practice - Part Deux** *Ira Skolnik, MD, PhD*
10:30 AM – 10:40 AM	**Measurement of Outcomes in Dermatologic Surgery** *Murad Alam, MD*
10:40 AM – 10:55 AM	**Advanced Techniques in Local Anesthesia** *David T. Harvey, MD*
10:55 AM – 11:01AM	**My Experience With the Island Pedicle Flap on the Lip** *Michael Shane Hamman, MD*
11:01 AM – 11:07 AM	**Pearls for Lower Extremity Defects - Closure Options and Dressing Techniques** *Michel McDonald, MD*
11:07 AM – 11:13 AM	**A New Material for Use in Healing Wounds With Exposed Bone** *Mark Zalla, MD*
11:13 AM – 11:28 AM	**Topical Silicone Gel for Post-Operative Cutaneous Wounds** *Anthony Benedetto, DO*
11:28 AM – 11:43 AM	**Advanced Suturing Techniques** *Cyndi Yag-Howard, MD*
11:43 AM – 11:58 AM	**Helping Patients Understand Risk** *Martin Okun, MD, PhD*
11:58 AM – 12:13 PM	**Cutaneous Manifestations in a Series of Sjögren's Syndrome Patients** *Alina Bridges, DO*
12:13 PM - 12:20 PM	**Scientific Discussion**

Noah Therapeutic Skin Think Tank Non-CME Industry Session
Lunch provided by NOAH (spouses welcome) Grand Ballroom AB

12:30 PM – 1:15 PM **Non-CME Industry Session**
A Closer Look at Taltz*
Jeffrey J. Crowley, MD
presented by LILLY
**This is a non-CME accredited session*

Saturday, March 24

6:30 AM – 8:00 AM **Member Breakfast** Grand Ballroom C

6:30 AM – 1:15 PM **Late Registration / Information**
Grand Ballroom Prefunction

Noah Therapeutic Skin Think Tank Non-CME Industry Sessions
Grand Ballroom AB

7:00 AM – 7:30 AM **Non-CME Industry Session**
Spotlight on Mild-to-Moderate Atopic Dermatitis: An Update on a Steroid-Free Topical Prescription Therapy*
Neal Bhatia, MD
presented by PFIZER
**This is a non-CME accredited session*

CME-Accredited Scientific Sessions Grand Ballroom AB

8:00 AM – 8:45 AM ***Harold O. Perry, MD Lecture***
Redefining Lymphomatous Papulosis
Joan Guitart, MD

8:45 AM – 8:55 AM **Scientific Discussion**

8:55 AM – 9:40 AM ***Alfred L. Weiner, MD Lecture***
Update on Melanoma Therapeutics
Hensin Tsao, MD, PhD

9:40 AM – 10:10 AM **Scientific Discussion & Break**

10:10 AM – 10:30 AM **Cutaneous Side Effects of Systemic Therapies for Melanoma**
Jean Bolognia, MD

10:30 AM – 10:45 AM **Nevi of Special Sites**
Christopher R. Shea, MD

10:45 AM – 11:00AM	**Not All Itches Arise in the Skin** *Jeffrey Bernhard, MD*
11:00 AM – 11:15 AM	**Pediatric Contact Dermatitis: A Focus on Allergens of the Year** *Bruce Brod, MD*
11:15 AM – 11:30 AM	**Five Things I have Learned About Contact Dermatitis** *Stephen E. Helms, MD*
11:30 AM – 11:45 AM	**Dermatology, Preparing for the Future** *Brett Coldiron, MD*
11:45 AM – 12:06 PM	**Physician Burnout and Building Resiliency** *Kathleen J. Hectorne, MD*
12:06 PM – 12:15 PM	**Scientific Discussion**
12:15 PM – 1:15 PM	**Annual Business Meeting**

Sunday, March 25

6:30 AM – 9:30 AM	**Farewell Breakfast (Spouses Welcome)** Grand Ballroom C
6:30 AM – 9:30 AM	**Late Registration / Information** Grand Ballroom Prefunction

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CME-Accredited Scientific Sessions Grand Ballroom AB

7:30 AM – 7:50 AM	**Advocacy Update** *Lawrence Green, MD*
7:50 AM – 7:56 AM	**Pemphigus Herpetiformis** *Charles V. Perniciaro, MD*
7:56 AM – 8:11 AM	**Vascular Proliferations Not to Miss** *Travis Vandergriff, MD*
8:11 AM – 8:17 AM	**Scientific Discussion**
8:17 AM – 8:32 AM	**Taking a Peek at Picosecond Lasers and Indiciations** *Jeremy Brauer, MD*
8:32 AM – 8:52 AM	**Combination Therapies for Whole Body Rejuvenation** *Neil S. Sadick, MD*
8:52 AM – 9:07 AM	**Diagnostic Errors in Dermatology Occur With Both Common and Uncommon Diagnoses** *James S. Taylor, MD*

9:07 AM – 9:22 AM	**Medicare Fraud and How You Get Free Room and Board From the Federal Government** *Daniel Mark Siegel, MD*
9:22 AM – 9:30 AM	**Scientific Discussion**

SCIENTIFIC PRESENTATION ABSTRACTS

Thursday, March 22

8:25 AM – 8:40 AM

The Resurgence of Syphilis: Returning to Dermatology & Syphilology?

Mark Cappel, MD

According to the most recent 2016 data from the Centers for Disease Control and Prevention (CDC), there continues to be a steady increase year-to-year in cases of primary and secondary syphilis. The rise in syphilis rate has been significantly attributable to increased cases among men with a high rate of HIV co-infection, particularly among MSM. However it should be noted that there is also an increase syphilis rate among both men and women in every region of the country, among all racial and ethnic groups, among every 5-year age group aged 15-64 years, and increased rates of congenital syphilis.

Dermatology has a notable history within the field of Venereology and Syphilology, but currently many cases of syphilis are diagnosed by non-dermatologists. Since primary and secondary syphilis presents on the mucocutaneous surfaces, it is important for dermatologists to maintain and implement our unique skill set in accurately making the diagnosis of syphilis, and continue to work with and share this knowledge with our non-dermatologist medical colleagues.

Syphilis has been termed the great imitator, and in this session clinical-pathologic cases will be presented to illustrate both the classic and unique presentations of secondary syphilis. The laboratory diagnosis and treatment of syphilis will also be reviewed in detail.

8:40 AM – 8:55 AM

Interesting Cases from the Midwest: Ohio the Heartland

Neera Agarwal-Antal, MD

I will be discussing cases that are difficult to diagnose and treat, bringing academic dermatology to private practice. These cases demonstrate the use of good clinical judgment and collaborative work, that we as dermatologists provide to other specialists, and the important role that we play as diagnosticians.

8:55 AM – 9:05 AM

Sherlock Holmes and Dermatology

Joel Schlessinger, MD

We pay homage to Sherlock Holmes in many ways at Noah Worcester. Not only do we have a special society outside of Noah Worcester, but we attempt to train others in the ways of diagnostic greats who may have been their own 'brands', akin to the Sherlock Holmes of their day.

In 1953, the AMA Archives of Dermatology and Syphilology published an article entitled 'Sherlock Holmes as a Dermatologist'. We are giving access to that article in order to prepare the audience to relate their stories of when they most felt like the great detective. This lecture will be interactive and encourage the audience to share situations where others may learn what it takes to be a combination of dermatologist and sleuth.

9:05 AM – 9:20 AM

A Red Streak in the Nail: Evaluation and Diagnosis of Longitudinal Erythronychia

Adam Ian Rubin, MD

Erythronychia refers to a red color change to the nail, and can have a variety of clinical presentations. There is a wide differential diagnosis for erythronychia and in order to best establish a particular diagnosis, it is important to be familiar with possible surgical techniques to obtain a high quality specimen. Longitudinal erythronychia in particular is a common presenting concern in the nail clinic. In this lecture we will discuss best practices for the evaluation of erythronychia as well as a management algorithm. We will focus on longitudinal erythronychia.

9:20 AM – 9:26 AM

Does Sunscreen Affect Corals?

Matthew J. Zirwas, MD

9:26 AM – 9:46 AM

Interesting Cases from the Deep, Deep South

Robert Brodell, MD

A Review of Patients Examined During the 1st Annual Mississippi Nigeria Education and Medical Exchange (MNEME)

In October 2017, first Mississippi Nigeria Education and Mentoring Exchange was completed! Three faculty representing the Department of Dermatology at the University of Mississippi Medical Center (Robert Brodell, MD, Sabra Sullivan, MD and Jeremy Jackson, MD), a dermatology chief resident (Maureen Offiah, MD) and one nurse (Tracy Breeden, RN) traveled to rural Enugu, Nigeria for a volunteer medical mission. Nigeria is the most populous country in Africa, and one of the most populous in the world, with over 184 million people in an area a little bigger than the State of Texas. There are fewer than 130 dermatologists and only 2 fellowship-trained dermatopathologists practicing in the country.

We performed didactic lectures in dermatology to medical students, residents, and other physicians, provided free medical and surgical dermatological services to over 1000 patients, and developed a working relationship with the academic medical center in Enugu State (Park lane hospital) to foster annual mission trips. We found that most patients in Africa have similar diseases when compared to African Americans, but severe disease was common. Some rare conditions were identified and some patients presented with disease that was unique to our experience.

Acknowledgment: We greatly appreciate the support of Direct Relief International and the American Academy of Dermatology whose support made our mission possible.

10:17 AM – 10:23 AM

Pernio (Chilblains): What Workup (if Any) is Routinely Needed?

David A. Wetter, MD

Pernio (chilblains) is an inflammatory process manifesting as localized erythema and swelling of the hands and feet, and typically related to exposure to cold and damp conditions. A variety of systemic diseases have been associated with pernio, although only sparse guidelines exist regarding the appropriate evaluation of a patient who presents with suspected pernio. A recently published report of 104 patients with per-

nio seen at Mayo Clinic proposed diagnostic criteria of pernio and may help clinicians determine what workup (if any) is routinely needed when they encounter patients with pernio.

10:23 AM – 10:29 AM

Cutaneous Blastomycosis

Peter Muelleman, MD

This case is being presented because of the elusiveness of diagnosis, the opportunity for misadventure, and the possibility of of an unusual route of infection.

10:29 AM – 10:49 AM

An Update on the Treatment of Cutaneous Squamous Cell Carcinoma in Situ

Andrew Ondo, MD

Squamous cell carcinoma in situ is a frequently encountered tumor in any general or surgical dermatology practice. There are numerous treatments but studies with 5-year follow-up are few. This talk will highlight recent advances in the treatment of squamous cell carcinoma in situ including preliminary data from a 5-year retrospective study.

10:49 AM – 11:04 AM

Hidradenitis Supperativa

Noah Scheinfeld, MD

Hidradenitis suppurativa (HS), a pathological follicular disease, impacts patients' lives profoundly. HS most commonly involves cutaneous intertriginous areas, such as the axilla, inner thighs, groin and buttocks, and pendulous breasts, but can appear on any follicular skin. Protean, HS manifests with variations of abscesses, folliculitis, pyogenic granulomas, scars (oval honeycombed), comedones, tracts, fistulas, and keloids. The pathophysiology might involve both defects of the innate follicular immunity and overreaction to coagulase negative Staphylococcus. Treatment depends on the morphology, extent, severity, and duration. Topical clindamycin and dapsone are often adequate for treating mild HS. For Stage 1 and 2 HS, first line treatment combines rifampin with either oral clindamycin or minocycline. Other HS treatments include: fluoroquinolones with metronidazole and rifampin, oral dapsone, zinc, acitretin, hormone blockers (oral contraceptive pills, spironolactone, finasteride, and dutasteride), and oral prednisone. For severe HS, cyclosporine, adalimumab, or infliximab (used at double psoriatic doses) and intravenous carbapenems or cephalosporins are often required. Isotretinoin, etanercept, isoniazid, lymecycline, sulfasalazine, methotrexate, metformin, colchicine, clarithromycin, IVIG, and thalidomide are less favored treatments. The role of botulinum toxin is uncertain. The most important life style modification is weight loss. De-roofing fluctuant nodules and injection of intralesional corticosteroids ameliorates the disease and perhaps, if done at regular intervals, improves HS more permanently. Surgical excision and CO2 laser ablation are more definitive treatments. The 1064 nm laser for hair removal aids in the treatment of HS.

11:04 AM – 11:20 AM

Vascular Compromise with Fillers

Joel Cohen, MD

This lecture will focus on understanding and treating vascular compromise with soft tissue augmentation of the face. Relevant anatomy will be reviewed. Signs and symptoms of impending the grossest will be featured. And finally, we will review the

literature on treatment algorithms.

11:20 AM – 11:30 AM
Vibration to Reduce Injection and Laser Discomfort
Kevin C. Smith, MD
Vibration is useful to reduce discomfort during injections and other procedures.

Application of vibration to skin adjacent to injection sites before, during and after the needle insertion and injection is a safe, simple and highly effective way of reducing patient discomfort, in particular during injection of botulinum neurotoxin A for cosmetic or therapeutic purposes. Reduced discomfort improves patient satisfaction, and leads to greater patient retention in the practice. Effective use of vibration to reduce discomfort also gives the practitioner a competitive advantage in the marketplace, and creates a barrier to entry for potential competitors, who must develop the necessary skills and infrastructure necessary to incorporate the use of vibration into their practices. Physiological principles and practical aspects will be discussed and illustrated.

11:30 AM – 11:50 AM
How to Improv-e Doctor Patient Communiciations
Michael A. Greenberg, MD
Improv actors don't train to tell jokes. Actually, it's frowned upon. Instead, improv is an art form focusing on communication, specifically the development of empathy and broadening of listening skills. Starting improv classes for fun over two years ago, I had no idea I would become part of a troupe for a local theater. Nor did I think I would help develop an improv training program for a medical school. Alan Alda has written a book about his experiences linking improv skills with teaching scientists and physicians to communicate more clearly. In this short presentation, the three principles of improv will be discussed and, if time permits, we'll do a short demonstration. After all, experience is a stronger teacher than mere words.

11:50 AM - 12:10 PM
Concepts Which Have Dramatically Changed the Way I Treat Common Dermatoses
P. Haines Ely, MD
This is a talk about the diseases I never saw, but they saw me!

Until I learned the many faces of mallasezia dermatoses, I treated acne, shawl pattern itch in old people, Grovers disease, atopic dermatitis, and many others the same way you do. (1-5) Understanding the role of demodex and demodicosis has revolutionized the way I treat Rosacea, peri nasal, perioral dermatitis, and acneiform eruptions from epidermal growth factor inhibitors. (6-7) The multiple SCC's (or as some think KA's) on the lower legs of old ladies are not cancers at all and can be treated by eliminating Treg cells from these tumors using topical steroids. Friday, March 23

Friday, March 23

8:05 AM – 8:50 AM
Harold O. Perry, MD Lecture
Skin Immune System and the New 2016 Classification of Cutaneous Lymphomas
Joan Guitart, MD
The World Health Organization classification of cutaneous lymphoma is constantly

renewed reflecting advances made in our understanding of the skin immune system and its implications in cutaneous lymphomas. My talk will revise recent discoveries in the many entities included in the T cell lymphoma category with emphasis in their clinical and pathological aspects. I will share some cases with particular difficulty and clinical interest to the savvy dermatologists to highlight various scenarios faced in real life.

9:05 AM – 9:50 PM

Alfred L. Weiner, MD Lecture

New Insights Into Hereditary Melanoma

Hensin Tsao, MD, PhD

With the advent of genomic technologies and high throughput sequencing, it has been possible to analyze the entire human genome, and exome, thereby affording an unprecedented view of all heritable changes which confer cancer risk. For cutaneous melanoma, there has been greater awareness that melanomas can occur as part of a mixed tumor syndrome and that genetic underpinnings of these hereditary conditions reflect novel biological pathways. In this talk, we will review what is known about hereditary melanoma and how the dermatologist can improve patient care by earlier recognition of internal cancer risk.

10:10 AM – 10:30 AM

Pediatric Derm: A Panoply of Practical and Puzzling Patients from Private Practice - Part Deux

Ira Skonlik, MD, PhD

The first 15 minutes of the talk will present some interesting clinical cases in Pediatric Dermatology by Ira Skolnik, a triple-boarded Pediatric Dermatologist, and the last 5 minutes of the talk will be summary of the changing climate of healthcare and the struggles that are being faced by dermatologists in Massachusetts. Dr. Skolnik has been the President of the Massachusetts Academy of Dermatology since 2015.

10:30 AM – 10:40 AM

Measurement of Outcomes in Dermatologic Surgery

Murad Alam, MD

In recent years, much of comparative effectiveness and outcomes research in dermatology, including a disproportionately large percentage of randomized controlled trials, have been in the area of dermatologic surgery. That being said, there are many obstacles to clinical research in dermatologic surgery. Outcomes measurement is complicated by the: (1) dearth of well-designed, validated outcome measures; (2) use of diverse outcome measures across studies of the same disease or condition; (3) reporting of only short-term outcomes, which may be confounded by post-treatment sequelae like erythema and edema; (4) difficulty inherent in blinding patients and physicians as to intervention assignment given the complexity of ethically performing sham surgery or procedures; (5) lack of operator technical expertise in performing novel procedures; (6) excessive sensitivity of machines or devices for measuring results; (7) consideration of outcomes with regard to theoretical frameworks that have not been empirically verified; (8) reliance on intermediate outcomes that may not presage true effectiveness; and (9) infrequent use of convincing patient-reported outcome measures. Many of these methodologic problems can be managed or reduced by relying on current guidelines for the conduct of randomized control trials and observational studies, respectively. The development of core outcome sets is an exciting internation-

al consensus process currently underway that will further rationalize the measurement of outcomes in dermatologic surgery, and make future meta-analyses more feasible.

10:40 AM – 10:55 AM

Advanced Techniques in Local Anesthesia

David T. Harvey, MD

Dermatologists have consistently been at the forefront of local anesthesia advancements in the clinical setting. Examples of this include the buffering of xylocaine, use of tumescent solutions, and block anesthesia for facial procedures such as laser resurfacing. A dermatologist must be able to select the correct anesthetic type and delivery option to ensure an optimal experience for the patient. The goal of this talk is to briefly review the traditional and unconventional uses of local anesthesia in dermatologic surgery and examine how these practices have impacted our specialty.

10:55 AM – 11:01 AM

My Experience With the Island Pedicle Flap on the Lip

Michael Shane Hamman, MD

The lip is an important cosmetic area, and the reconstruction of defects after tumor removal can be challenging. The free margins and complex subunits of the lip are some of the important factors to consider. The island pedicle flap is a versatile flap that can be used in many ways in small to large surgeon. defects on the lip. This lecture will focus on some applications of this flap and the experience of one

11:01 AM – 11:07 AM

Pearls for Lower Extremity Defects - Closure Options and Dressing Techniques

Michel McDonald, MD

Squamous cell carcinomas of the lower extremities can present clinical challenges for wound healing. Three pearls for management of lower extremity squamous cell carcinomas will be discussed. These include chemo wraps, xenografts and the keystone flap closure. They will be reviewed in the context of the type of lower extremity wound that is being addressed.

11:07 AM – 11:13 AM

A New Material for Use in Healing Wounds With Exposed Bone

Mark Zalla, MD

Surgical wounds resulting in exposed bone can be difficult to heal. For those wounds for which flap repair is not possible or practical, options are limited and traditional wound management is often unsatisfactory. This report details the use of novel amnion/chorion membrane and umbilical cord grafts to stimulate granulation and subsequent complete healing of a scalp wound with bone exposure.

11:13 AM – 11:28 AM

Topical Silicone Gel for Post-Operative Cutaneous Wounds

Anthony Benedetto, DO

Because of the high incidence of contact dermatitis and the increased risk of resistance to antibiotics, the constant use of topical antibiotics as a common postoperative wound dressing after minor cutaneous procedures has recently become a therapeutic liability. The search for a different and safer topical wound dressing is mandatory.

There is a new topical silicone gel formulated to apply to open, granulating wounds

which can be used as an alternative to topical antibiotics. It is the first film-forming, semi-occlusive topical silicone gel that can be used as a wound dressing. This silicone gel is inert, bacteriostatic, has no measurable pH and therefore does not affect a patient's cutaneous acid mantel. As a gel, it is easy to apply and contours to the surface of the wound. It forms a flexible, protective film barrier over the base of a granulating wound. It is semipermeable, so it maintains a moist environment while being highly permeable to gases, permitting the exchange of water vapor, oxygen and carbon dioxide. This prevents over-moisturization of the wound and allows for metabolic homeostasis to occur, which leads to better and faster healing. Silicone based dressings generally may influence the electrical charges of a wound environment, which has also been shown to play a role in epithelial migration. One of its main properties is that it is hydrophobic so it does not adhere to granulation tissue, but it maintains the overall hydration necessary for unimpeded healing of a granulating wound. This promotes quicker healing and re-epithelialization of difficult and recalcitrant wounds. This topical silicone gel also reduces the usual inflammatory response of a healing wound by creating a physical barrier against external antigens while maintaining a moist healing environment. This topical silicone gel can be applied directly onto any acute or chronic exposed wound or injured skin surface with or without any additional surgical wound dressings. It can be directly applied to open wounds that result from shave biopsies, excoriations and lacerations. This gel hastens the healing of surgical excisions, incisions and scar revisions; as well as resurfacing procedures, such as laser treatments, chemical peelings and dermabrasion. It is therapeutic for stasis ulcers, burns or chronic radiodermatitis. This topical silicone gel reduces post-operative redness and discoloration, it relieves the itching and discomfort of a healing wound along with reducing incipient hypertrophic scar formation, while promoting uneventful wound healing.

11:28 AM – 11:43 AM

Advanced Suturing Techniques

Cyndi Yag-Howard, MD

Surgical wounds resulting in exposed bone can be difficult to heal. For those wounds for which flap repair is not possible or practical, options are limited and traditional wound management is often unsatisfactory. This report details the use of novel amnion/chorion membrane and umbilical cord grafts to stimulate granulation and subsequent complete healing of a scalp wound with bone exposure.

11:43 AM – 11:58 AM

Helping Patients Understand Risk

Martin Okun, MD, PhD

Patients lack the mental tools to understand risks associated with many medical therapies. The lack of these mental tools contributes to patients' probability neglect, which makes patients experience an amount of concern not adequately sensitive to, and disproportionately elevated, relative to the true probability of harm. Unchecked probability neglect likely contributes to under utilization of medical therapies that do have an overall favorable benefit-risk balance, thereby impairing public health. Several patient aids have been developed which can counteract the effects of probability neglect in daily clinical practice. A description of these aids, using specific examples from dermatology practice, are provided.

11:58 AM – 12:13 PM

Cutaneous Manifestations in a Series of Sjögren's Syndrome Patients

Alina Bridges, DO

Background: Sjögren's syndrome (SS) is a chronic autoimmune syndrome with a heterogeneous clinical phenotype, complicating an accurate diagnosis. Nearly half of SS patients have cutaneous lesions, an early recognizable symptom. However, due to the overlapping nature with other autoimmune disease, diagnostic distinction is difficult. Few studies have evaluated the clinical and histologic findings that occur in the cutaneous lesions of primary SS patients.

Methods: We present the cutaneous biopsy and clinical findings from patients with known primary SS over an 18 year period. Ninety-nine distinct primary SS patients with available cutaneous histologic samples were reviewed with clinicopathologic correlation.

Results: Histologic findings include interface dermatitis, vasculitis, subacute dermatitis, neutrophilic dermatoses, and reactive granulomatous dermatitis. Clinically, each histologic subtype has identifiable morphologic features with site specific presentation. Of the interface dermatitis, 25 non-Asian patients with annular erythema are described.

Limitations: Not all lesions may have a direct correlation with primary SS, however clinicians and pathologists should be aware of the differential diagnosis in these lesions. Conclusion: Primary SS is a complex, multisystem disease with a diversity of clinical and pathologic presentations. Consequently, patients with SS often go unrecognized by many clinical and pathologic subspecialties. We aim to bring awareness to the challenging diagnostic differential of SS to reduce delayed diagnosis.

Saturday, March 24

8:00 AM - 8:45 AM

Harold O. Perry, MD Lecture

Redefining Lymphomatous Papulosis

Joan Guitart, MD

The explosion of novel therapeutics for treatment of cancer, autoimmune and infectious disease, and skin disease has kept dermatologists and dermatopathologists busy learning to recognize specific treatment sequelae. Such sequelae can imitate just about any inflammatory skin disease, including the ones potentially being treated, and some neoplastic ones. Staying up to date is challenging, with new drugs and their reactions emerging on the scene so frequently. In this session, we will review the clinical and histologic reactions associated with therapies such as TNF-alpha, kinase and other growth factor inhibitors, as well as the newer immune checkpoint inhibitors.

8:55 AM – 9:40 AM

Alfred L. Weiner, MD Lecture

Update on Melanoma Therapeutics

Hensin Tsao, MD, PhD

Not less than 5 years ago, there was tremendous excitement about BRAF inhibitors, molecular testing and targeted therapies. Fast forward a few trials and the melanoma world is ablaze with checkpoint inhibitors. Is it finally checkmate for advanced melanoma? For the first time in the history of melanoma therapeutics, clinicians are finally whispering the "C" word- "cure"- to their patients. This talk will describe the latest

breakthroughs in the treatment of stage III and IV melanoma.

10:10 AM – 10:30 AM

Cutaneous Side Effects of Systemic Therapies for Melanoma

Jean Bolognia, MD

In addition to the appearance of eruptive melanocytic nevi and new primary melanomas, the selective BRAF inhibitors vemurafenib and dabrafenib are associated with a wide range of skin findings from folliculocentric exanthems to panniculitis to facial cysts. The good news is that the incidence of cutaneous papillomas, keratoacanthomas, squamous cell carcinomas, and plantar hyperkeratoses is significantly reduced with administration of a BRAF inhibitor plus a MEK inhibitor (this latter combination is currently standard of care and was devised to reduce the development of tumor resistance). Cutaneous side effects of the checkpoint inhibitors -- anti-CTLA-4 antibody (ipilimumab) and anti-PD-1 antibodies (nivolumab and pembrolizumab) – are also quite varied. They include dermatitis, lichenoid reactions, sarcoidosis, Stevens-Johnson syndrome and toxic epidermal necrolysis, as well as alopecia areata, leukoderma, and morbilliform eruptions. More recently, bullous pemphigoid, dermatomyositis, and subacute cutaneous lupus erythematosus have also been reported. When leukoderma appears in the setting of immunotherapy for melanoma, it is associated with an improved survival.

10:30 AM – 10:45 AM

Nevi of Special Sites

Christopher R. Shea, MD

Melanocytic nevi occur relatively commonly at certain "special" anatomic locations, and the topographic spectrum described for these lesions seems to be expanding.

Special-site nevi often exhibit unusual clinicopathologic features, which often vary in a characteristic manner from site to site. Of note, special-site nevi may simulate malignant melanoma histopathologically. While this microscopic resemblance pertains mainly to architectural features, some special-site nevi do have considerable cytologic atypia. In addition to raising consideration of melanoma, special-site nevi may on occasion be mistaken for dysplastic nevi. Of note, authentic dysplastic nevi and melanomas sometimes occur in these same special sites. However, there is no proven association of special-site nevi with increased melanoma risk.

Special-site nevi may best be considered to fall into several general groups (with some overlap). Histopathologic features of the various groups include:

- Acral (pagetoid/lentiginous proliferation)
- Genital / flexural (axilla, perineum, etc.) (dishesive/nested proliferation, skip areas)
- Umbilicus (nests trapped by deep lamellar fibroplasia)
- Breast (prominent intraepidermal melanocytes)
- Scalp (adnexal attachment)
- Ear (irregular nesting, pagetoid spread)

Thus, histopathologically, special-site nevi exhibit a constellation of architectural, cytologic and stromal features distinct from dysplastic nevi. While the clinical features are usually different from those of melanoma, biopsy is indicated in cases where that clinical diagnosis is being entertained strongly. Fortunately, special-site nevi are expected to have a favorable outcome following conservative, complete excision.

10:45 AM – 11:00 AM

Not All Itches Arise in the Skin

Jeffrey Bernhard, MD

The 2 classic examples of localized neuropathic itch are notalgia paresthetica (NP), and brachioradial pruritus (BRP). Notalgia paresthetica is common but usually not very severe; BRP is less common but often severe. By definition, NP primarily involves the back while BRP involves the arms. The "ice pack sign" is nearly pathognomonic for BRP. BRP may be an important trigger for generalization of itch.

11:00 AM – 11:15 AM

Pediatric Contact Dermatitis: A Focus on Allergens of the Year

Bruce Brod, MD

There is a common misconception that allergic contact dermatitis is less prevalent in children compared to adults. Every year the American Contact Dermatitis Society promotes and Allergen of the Year" to raise awareness about a specific allergen or class of allergen and publishes an article in Dermatitis, but exposure often focuses on adults compared to children. This talk will focus on select "Allergens of the Year" and how they pertain to the pediatric population. The goal is to provide an update and discuss clinical presentations, diagnostic testing and sources of allergens in children. As a preview, some of the allergens that will be discussed include alkyl glucosides, nickel, disperse dyes, coco betaines, and a few surprises.

11:15 AM – 11:30 AM

Five Things I have Learned About Contact Dermatitis

Stephen E. Helms, MD

Lifelong learning is surely the key to successful medical practice. After leaving a busy general dermatology practice, I applied my interest in contact dermatitis to an academic practice at the University of Mississippi. Surrounded by residents and medical students, with a practice limited to contact dermatitis, a variety of pearls and pitfalls in the evaluation and treatment became more obvious to me. I have chosen 5 tips to share with you.

1. Overconfidence is a problem
2. Know what you are looking for: Keep up with Dermatitis Journals and NACDG Updates
3. Watch for the "Two-fers"
4. Photos sometimes will come to the rescue
5. Efforts "after the diagnosis" are just as important as finding a specific allergen

11:30 AM – 11:45 AM

Dermatology, Preparing for the Future

Brett Coldiron, MD

There are many challenges facing dermatologists in a rapidly changing health care environment. These challenges, include declining reimbursements, as well as an increasing regulatory burden will be discussed . Possible solutions will be presented as well future practice scenarios.

11:45 AM – 12:06 AM

Physician Burnout and Building Resiliency

Kathleen J. Hectorne, MD

Physician 'burnout' and stress have become increasingly more prevalent. We will exam-

ine how increased stress affects our personal and professional life and suggest ways to build resiliency to improve our lives.

Sunday, March 25

7:30 AM – 7:50 AM

Advocacy Update

Lawrence Green, MD

Legislative and regulatory issues that affect the way dermatologists practice are constantly occurring on both the state and federal levels. These issues can affect both dermatologist payments and how we can care for our patients. Some of the current difficulties currently facing dermatologists and our patients include scope of practice, regulation of indoor tanning, compounding, medicare payment reform, pharmaceutical pricing, truth in advertising, and step therapy. What our organization-the American Academy of Dermatology Association-is doing to help its membership will be discussed.

7:50 AM – 7:56 AM

Pemphigus Herpetiformis

Chales V. Perniciaro, MD

A 59-year-old man presented with new onset pruritic, urticarial plaques. Three routine biopsy specimens and a direct immunofluorescence specimen were required to enable a diagnosis of pemphigus herpetiformis (PH), a rare variant of pemphigus. PH typically presents with pruritus and urticarial lesions, although bullae are occasionally encountered. Routine microscopy usually reveals findings seen with urticaria. Acantholysis is absent in many cases, leading to delayed or missed diagnosis. Findings on direct immunofluorescence are typical for pemphigus, with IgG and C3 in the intercellular space. Patients with PH often respond to sulfonamides, and our patient was treated favorably with dapsone.

7:56 AM – 8:11 AM

Vascular Proliferations Not to Miss

Travis Vandergriff, MD

Vascular proliferations can be subtle both clinically and microscopically, with some proliferations having malignant potential and others representing benign lesions. In this session, we will review clinical and microscopic findings in three distinct vascular proliferations: angiosarcoma, atypical vascular lesion, and diffuse dermal angiomatosis. Risk factors for angiosarcoma include chronic sun damage, radiation, and lymphedema. Atypical vascular lesions of the lymphatic type are almost always benign, while the vascular type does possess a potential for malignant transformation. Diffuse dermal angiomatosis is a benign reactive condition that can mimic a neoplasm both clinically and microscopically.

8:17 AM – 8:32 AM

Taking a Peek at Picosecond Lasers and Indiciations

Jeremy Brauer, MD

In this session, we will review picosecond laser technology, and discuss current and future indications in dermatology. The theory of selective photothermolysis, first proposed by Drs. Anderson and Parrish in 1983, requires that a laser possess the appropriate wavelength, pulse duration and fluence in order to preferentially destroy a target chromophore in the skin. While nanosecond pulse duration lasers have

been the gold standard for the treatment of unwanted tattoos and pigmentation, subnanosecond pulse durations are believed to more closely approximate the thermal relaxation time of certain pigment particles in the skin. The first evaluation of a picosecond laser in the treatment of unwanted tattoos was reported in 1998, and it was more than a decade before the first FDA-cleared device became commercially available. Since that time, delivery of these picosecond pulses by means of a diffractive lens array has demonstrated clinical improvement in acne scars, striae and rhytids, with histologic evidence of dermal changes in collagen and elastin. At present, there are seven FDA-cleared cutaneous picosecond lasers with just as many unique wavelengths available, promising for continued discovery and innovation in the field of cutaneous laser surgery and medicine.

8:32 AM – 8:52 AM

Combination Therapies for Whole Body Rejuvenation

Neil S. Sadick, MD

Increasing numbers of people around the globe are embracing whole body rejuvenation with non-invasive or minimally invasive treatments to address a variety of cosmetic concerns. Clinicians are rigorously trying to strategically plan and stage treatment plans for their patients that encompass several months and involve distinct therapeutic devices in order to ensure efficacious and safe long-term outcomes. Results of these efforts has led to mounting evidence that combination approaches to whole-body rejuvenation can globally address patients needs leading to greater patient satisfaction, increased patient retention and overall better quality of patient care. This presentation describes the authors experience with combination therapies for facial and whole body rejuvenation.

8:52 AM – 9:07 AM

Diagnostic Errors in Dermatology Occur With Both Common and Uncommon Diagnoses

James S. Taylor, MD

Background: In 2015 the Institute of Medicine issued Improving Diagnosis in Health Care calling attention to diagnostic error in health care. Outside of the malpractice arena, diagnostic errors in dermatology have received little attention, because they are more difficult to define, measure, and fix (Wachter 2012). In a 2013 dermatology study, incorrect diagnosis was the second most serious error reported in 15(14%) of 130 cases (Watson et al 2013). Methods: Seven dermatologists were surveyed via email to identify the first example or two of diagnostic errors that came to mind and to classify them as no fault, systems-related, cognitive bias or a combination (Graber 2005). Results: Nine cases were identified by diagnosis (and classification): 1: frontal fibrosing alopecia presenting as sarcoidosis (no fault unusual presentation and cognitive confirmation bias); 2-4: three cases of allergic contact dermatitis: two from hair dye- one presenting as marked angioedema of the face and the other as tinea capitis with cellulitis resistant to antifungal therapy(anchoring and availability biases), and a third from shoes- initially with contact allergy to chrome-tanned leather and later to an additional allergen, the topical corticoid used to treat the dermatitis(diagnosis momentum); 5: benign familial pemphigus diagnosed and treated as psoriasis (availability and overconfidence biases);6-8: three cases of urticarial pemphigoid diagnosed as recalcitrant contact dermatitis, neurotic excoriations and psoriasis (anchoring and availability biases; and 9: invasive microcystic adnexal carcinoma of an extremity diagnosed following review of pathology slides from permanent histologic sections of the tumor obtained during

Mohs micrographic surgery for removal of putative recurrent basal cell carcinoma (systems related and anchoring and confirmation biases). Conclusions: Of the initial diagnoses most were one or more cognitive mistakes by non-dermatologists more than by dermatologists. Case 1 was no-fault plus other cognitive biases. Contact dermatitis is one of the most common medical diagnoses and is sometimes diagnosed as an infection (cases 2 and 3). The angioedema in case 2 was also suggestive of type 1 rather than type 4 allergy. Patch testing is the gold standard to diagnose type 4 allergy and is often underutilized. Case 5 was solved after further patch testing with the patient's new topical medication. Definitive diagnoses in cases 6-8 were made by obtaining skin biopsy specimens for routine and direct immunofluorescence. Systems issues were operative in case 7 with failure to do permanent t issue stains during initial Mohs surgery and by pathologic misdiagnosis. Improved diagnoses in cases 1-9 involve teamwork, education and training (Institute of Medicine 2015), and use of diagnostic checklists (Ely 2011, 2014 and Winters 2011) and in case 9 of following published Appropriate Use Criteria for Mohs Micrographic Surgery (Connolly et al 2012).

9:07 AM – 9:22 AM

Medicare Fraud and How You Get Free Room and Board From the Federal Government

Daniel Mark Siegel, MD

Healthcare fraud is a massive industry, with estimates for 2016 noting it cost over 98 billion dollars to pay for the fraud and measures designed to stop it. (https://www.economist.com/news/united-states/21603078-why-thieves-love-americas-health-care-system-272-billion-swindle). While much fraud has to do with durable goods fraud , every specialty has it own temptation points. Some is unintentional such as up-coding reconstructive procedures due to failure to understand the proper use of CPT codes, while others are intentional (billing for procedure not done; medically unnecessary treatments and "upgrading"of pathology) but in many cases, until recently, it was difficult to prove. With the advent of publicly available open Medicare reporting data, coupled with the online publication of "typical" procedure times, combined with "big data" analytics, outing and punishing this behavior has become more common. We will review hot topics in dermatology and how to avoid orange pajamas.

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2017 - 2018

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