Practical Pearls In This Issue

A well-known acne treatment gets an update this month when SkinMedica launches NeoBenz Micro, a new formulation of benzoyl peroxide available in 3.5%, 5.5%, and 8.5% concentrations. The novel formulation incorporates the same microsponge technology used in several newer topical therapies, such as RetinA Micro and Epiquin Micro.

Beyond the obvious concerns associated with enhanced drug toxicity of the liver, alcohol abuse presents a challenge to compliance, with a possible lack of consistency in medication administration. This is true not only for systemic medications but for phototherapy as well; patients may not present for treatment or not comply with instructions during UV administration.

Pre-speech practice cannot be emphasized enough, especially for the novice. Your ultimate goal is to become so comfortable with the material (which you already are) you feel like you are carrying on a conversation with your audience (as opposed to a monologue). Go through your speech several times to get a feel for it, but do not try to “memorize” what you are going to say.

Claims to which you have simply had no response—those that seem to have just vanished from the system—require a different approach. First, ensure that the claim reached the carrier. Being proactive is key! Every practice must diligently monitor what claims go out, either on paper or electronically.

One of the greatest challenges for a dermatologist interested in incorporating a laser is making sense of the various laser claims. In general, peer reviewed literature tends to be overly optimistic regarding the capabilities of laser systems vis-à-vis older techniques. There is great variability in the outcomes following treatment with any device, which is particularly sensitive to careful patient selection and operator skill.

For large congenital melanocytic nevi (LCMN), the risk of transformation appears to be more substantial. A comprehensive analysis of data from the literature regarding malignant transformation in patients with LCMN found an increased risk of melanoma in these patients compared to the general population.

When patients simply don’t seem to respond to traditional topical therapies, consider an underlying etiology, such as SD or AD. Both may occur simultaneously with rosacea and failure to address either inflammatory dermatitis will prevent successful management of rosacea.

James Q. Del Rosso, DO points out an inherent flaw in the OTC concept in that it leads to self-diagnosis on the part of the patient. Such a mindset is detrimental to the patient’s perspective because it reduces acne to something easily managed under almost any circumstance with the right OTC formulation.

Mark Lebwohl, MD noted that adalimumab, alefacept, efalizumab, etanercept, and infliximab have all been used in combination with methotrexate with no reported increases in marrow or liver toxicity. For a patient being transitioned from methotrexate to a biologic, do not begin to taper methotrexate until week four or in the case of alefacept week eight to 12.