



Q2 NEWSLETTER | April 2022 Special Edition

# President's Message: Invent, Reinvent, and Thrive

By: Betsy Wernli, MD, FAAD

**T**he Spring Retreat was focused on the theme Back to OUR Future: implementing future-back thinking in our jobs today.

Some of the greatest innovators have done this, dreamt of the impossible now, and created the most amazing things for the future, everyone from Steve Jobs to Tesla to Doc and his flux capacitor (all nerds know what I'm talking about)! But how does this apply to us in the clinic, taking care of patients, in the office processing claims or answering phones, on the floor bandaging biopsies, and applying head wraps?

I challenge each of you to find your own answer to that question: How can I reinvent my job today, the same old, same old that I do every day? We hope this edition of Forefront and Center gets your creative juices flowing and makes you consider how you

**“ YOUR FUTURE HASN'T BEEN WRITTEN YET, NO ONE'S HAS. YOUR FUTURE IS WHATEVER YOU MAKE IT, SO MAKE IT A GOOD ONE. —DOC BROWN**

could do the day-in/day-out better and in a more cutting edge, efficient way. So, start looking with me to OUR

future and begin implementing it now, every day, in every way; because where we're going, we don't need roads!

## 8

### Things the Physician Board of Directors are doing to make your life a little easier

- 1 Online scheduling and pushing the portal to patients
- 2 Reviewing and updating all informed consents for cosmetics

- 3 Overhauling the Employee Handbook and creating one for all Physicians, NPs, and PAs
- 4 Troubleshooting compliance initiatives and policy
- 5 Overseeing health care plan changes

- 6 Working with HR and Talent to improve our hiring and retention process and learning modules
- 7 Daily interaction with admin team to guide group decisions
- 8 Testing processes/ content before rollout

# april

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- ✓ [Q3 - 2021 Newsletter](#)





The  
*Physician*  
Board



# BOARD Report

By: Tom Pietras, MD, FAAD

**W**elcome Spring! While we are desperately waiting for the temperatures to rise here in Iowa, spring for Forefront Dermatology is warm, sunny, and in full bloom! What an exciting time to be part of Forefront Dermatology!

The board kicked off 2022 with our fourth quarter board meeting. Highlights include expanding and increasing the efficiency of the pathology lab, resolving major payor contract issues (thanks to our excellent contract team), and improvements to call center staffing and telephone system. We also evaluated health insurance and optimized our benefits to reduce costs for all involved. We are working towards some exciting benefit changes in 2023. Advisory chairs and committees were a major focus, and changes were made to better align those positions with our group size and structure.

As one of the newest members of the board, I have been continually impressed by our ability as a group to develop procedures and policies that meet the needs of our clinicians, staff, and patients. I believe this is a reflection of the continuous feedback from our physicians and employees. The grass is always greener where you water it!

Physician leadership has been and

**I HAVE BEEN CONTINUALLY IMPRESSED BY OUR ABILITY AS A GROUP TO DEVELOP PROCEDURES AND POLICIES THAT MEET THE NEEDS OF OUR CLINICIANS, STAFF, AND PATIENTS.**

continues to be one of the keys to our success and will only become more important as we grow as a group. New and modified chair

and committee positions are available, and I look forward to seeing some new faces elected to our leadership team.



**Physician Board Members**

Adam Asarch, MD, FAAD, FACMS  
Tori Negrete, MD, FAAD  
Thomas Bender, MD, FAAD



**Physician Board Members**

Lisa Campbell, MD, FAAD, FACMS  
Peter Katz, MD, FAAD  
John Pujals, MD, FAAD



**Physician Board Members**

Kurt Grelck, DO, FAAD, FAOCD  
Thomas Pietras, MD, FAAD

**Chairman of the Board**

Betsy Wernli, MD, FAAD

# OUR *Secret* SAUCE

## == FOREFRONT CULTURE ==

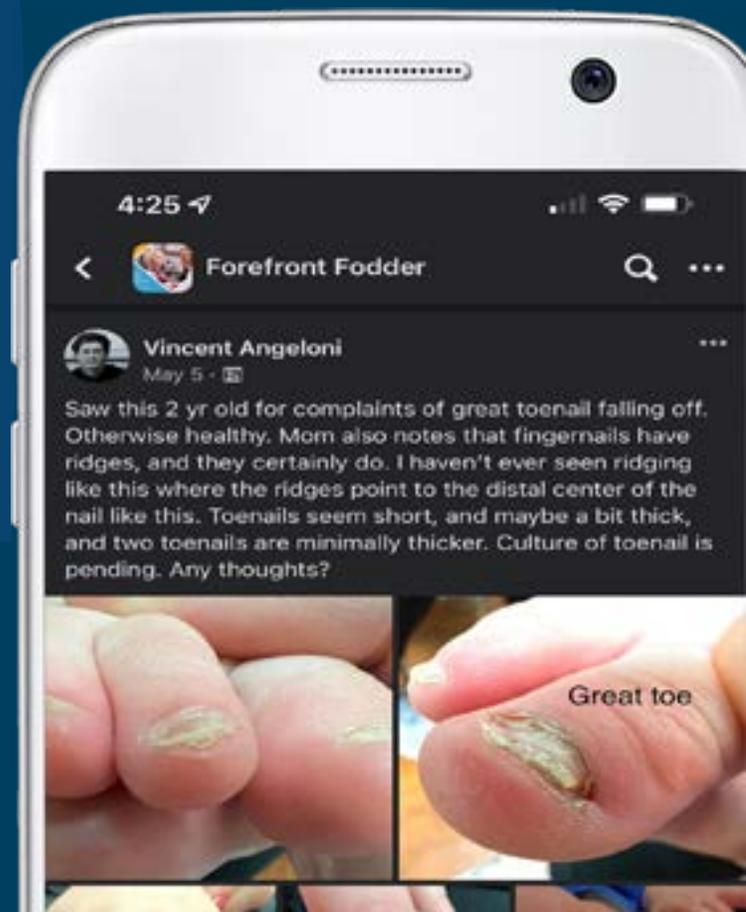
Our culture is unmatched, from our physician leadership extending from committee participation to serving on the Forefront Advisory Committee, all the way up to the nine-person Physician Board of Directors. Forefront's culture is different from the rest. Physician leadership drives innovative ideas that resound with clinicians, ways to connect and collaborate, and opportunities to grow. There's no place like Forefront!



## Stay in the loop from anywhere

Use Facebook Workplace to enhance your day-to-day clinic life, resulting in better team and patient outcomes. Tough rash? Who else can consult over 400 talented physicians, PAs, and NPs who may have seen and successfully treated that same eruption that week? Stay-up-to-date and connected on events, podcasts, CME opportunities, and more!

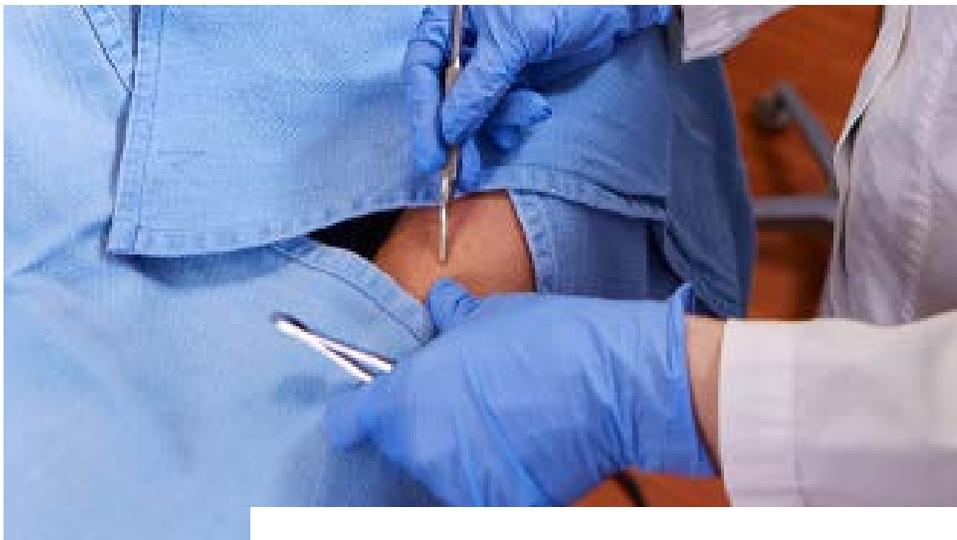
**Join the conversation!**



# CODING CORNER

## The Intricacies of Shave Biopsies, Shave Removals, and Excisions

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



### Breakdown

You might still be wondering what a “shave excision” is. Shave excision is not a technical term. If you use a blade to completely remove a skin lesion with appropriate margins through the full-thickness of the skin into the fat, an excision has been performed.

Please reach out to our coding team with any questions.

### Shave Biopsy

The intent of a tangential “shave” biopsy is to obtain a sample of tissue for diagnostic purposes. The sample may include a portion of the lesion or the entire lesion. A tangential biopsy may involve the epidermis only, or epidermis and dermis. Inadvertent involvement of the subcutaneous tissue is also included in the tangential biopsy procedure. A histopathologic evaluation is always performed for a biopsy.

### Example

Tangential biopsies include the biopsy of a telangiectatic papule on the nose concerning for BCC, saucerization of a portion of a large pigmented patch on the back, and a biopsy of an inflammatory dermatosis concerning for T-cell lymphoma.

### Shave Removal

The intent of a shave removal is the therapeutic removal of an epidermal or epidermal-dermal lesion. The depth of the removal does not extend through the full thickness of the dermis. A histopathologic evaluation

may be performed, but it is not necessary. The code selection is determined based on the body site and lesion size, not including any margins taken.

### Example

Shave removals include the shave removal of an irritated nevus or a seborrheic keratosis and the shave removal of an atypical appearing nevus when clinically removed in its entirety (you have still performed a shave removal even if the pathology report comes back with a margin involved)

### Excision

The intent of an excision is to remove an entire lesion with appropriate margins. By definition, an excision must extend through the full-thickness of the skin, involving the subcutaneous fat. A histopathologic evaluation is usually performed on an excision specimen. The code selection is based on body site, lesion size, and whether the lesion is benign or malignant. Excision codes include a simple repair.

### Example

Excisions include full-thickness removal of a skin cancer with appropriate margins and full-thickness removal of a painful cyst.

# Clinical Corner: Is it Psoriasis or Something Else?

By: John Pujals, MD, FAAD

**A** 14-year-old male patient of Dr. Sara Herman presented with a blistering rash on the left leg for about a year. The rash is not itchy or painful, and none of his family members have a similar rash. The patient reports no new medications or personal care products over this period of time and has not had any recent infections. Exam reveals unilateral linear verrucous papules and plaques on the left distal calf. The differential diagnosis includes linear epidermal nevus vs. linear psoriasis. The patient was prescribed calcipotriene 0.005% topical ointment BID.

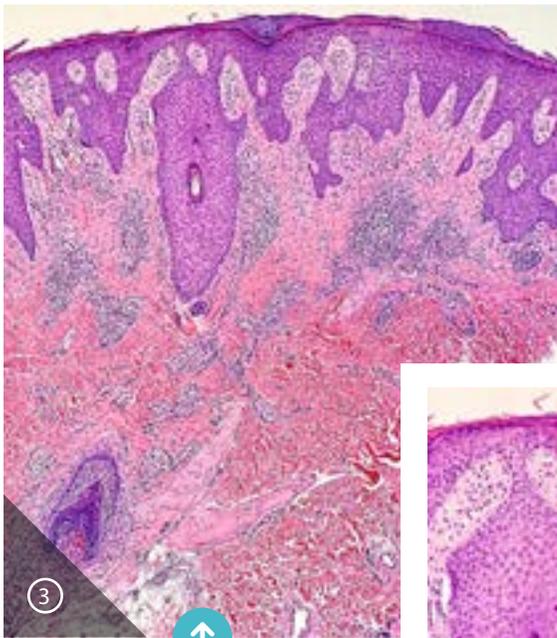
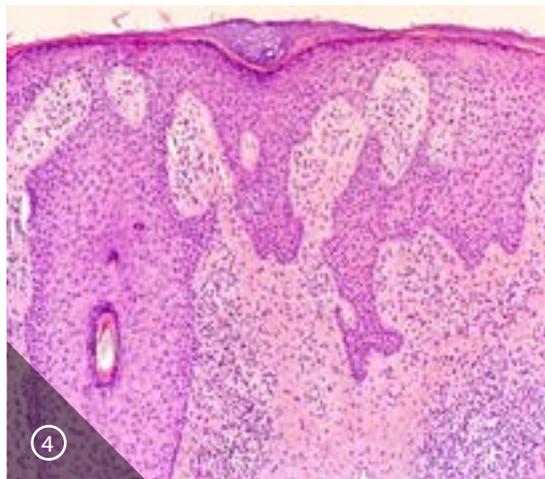


Figure 3: H&E low power; Figure 4: H&E high power.



1

## Pathology

A punch biopsy was performed, which shows psoriasiform hyperplasia with alternating orthokeratosis and parakeratosis. The orthokeratotic areas appear to overlie areas of attenuated epidermis with noticeable hypergranulosis. The parakeratosis appears often to be above foci of hypogranulosis. There are areas of spongiosis with focal microvesicle formation. There is noted a superficial perivascular mixed lymphohistiocytic and rare eosinophilic infiltrate. A PAS stain fails to reveal any fungal hyphae in these sections.



2

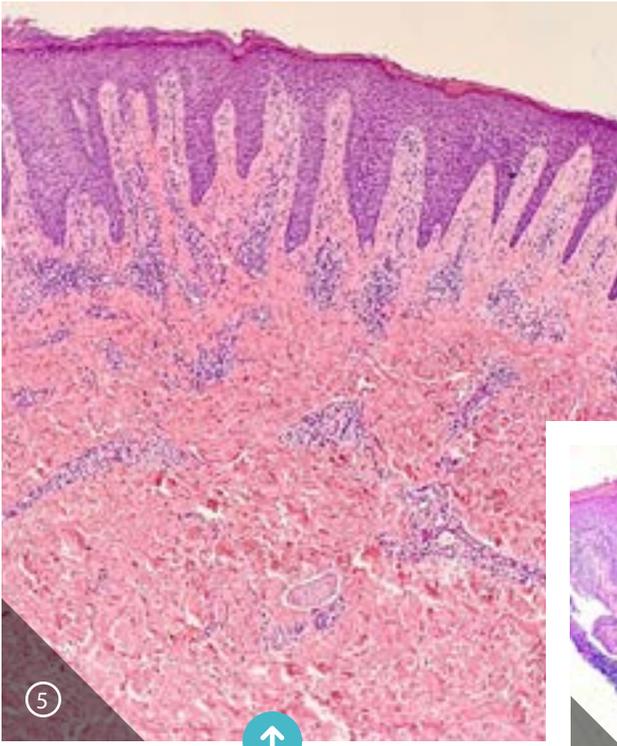
Figure 1: Punch biopsy of rash; Figure 2: Day 16 with Calcipotriene treatment.

## Diagnosis

The histologic pattern is consistent with Inflammatory Linear Verrucous Epidermal Nevus (ILVEN).

## Follow Up

The patient improved in the first two weeks with calcipotriene. Additional treatments were performed, including intralesional kenalog 10mg and layering of pimecrolimus 1% topical cream and fluocinonide 0.1% topical cream with calcipotriene BID.



## Discussion

ILVEN are benign linear warty growths that are often inflamed and itchy. They tend to begin in childhood, are usually persistent, follow Blaschko's lines, and are often located on the left side of the body. The legs, thighs, and buttocks are most often affected. These

lesions tend to affect females more than males but are not associated with significant morbidity or underlying illness.

It is important to biopsy and diagnose ILVEN early to rule out other disorders that may mimic it clinically like linear psoriasis, lichen striatus, chronic spongiotic processes, and other types of epidermal nevi. Early treatments include topical corticosteroids and topical vitamin D3 analogues. However, if no improvements are noted over time, cryotherapy, laser therapies, and surgical excision may be required for symptomatic relief and cosmetic appearance.

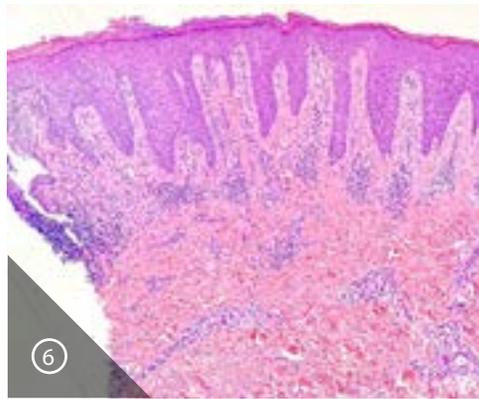


Figure 5: H&E lower power; Figure 6: H&E medium power.



Sara Herman, MD, FAAD  
Grand Rapids & Hastings, MI

## Winner of the Q1 Forefront Flask Award: Most Interesting Rash

**A** long-time resident of Michigan, Dr. Sara Herman is an experienced board-certified dermatologist specializing in, but not limited to, skin cancer detection and treatment as well as acne. As a physician, Dr. Herman enjoys partnering with patients to

set and meet their individualized goals. As a team, Dr. Herman and her patients work together to develop treatment strategies that are effective, feasible, and cost-conscious. Sara is honored and humbled that patients entrust their care to her and the office.

"My philosophy is that patients always come first, and while treating them like family, **I make sure to provide up-to-date, evidence-based care to each patient I see.**"

—Sara Herman, MD, FAAD | Board-Certified Dermatologist

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BEFORE



AFTER 1 truSculpt iD TX & 5 truSculpt flex TXs

Photos courtesy of V. Manning, M.D.



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BEFORE



AFTER 1 TX

Photos courtesy of Somenik + Pittman MD



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BEFORE



AFTER 2 TXs

Photos courtesy of D. Barco, M.D.

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SCAN TO VIEW

# DIVERSITY

By: Missy Mesfin, MD, FAAD, FACMS

# in DERMATOLOGY

## Fitzpatrick Scale: Old System, New Applications

Some of our earliest memories of dermatology training include learning how to classify skin color or tone based on the Fitzpatrick skin type (FST). In actuality, FST classifies skin based on its reaction to the exposure to sunlight, but clinically it has been used as a way to divide skin tones. We often use FST to describe skin color in our patients. While dividing skin color based on the FST has been used in dermatology for decades, technology companies have adopted it more recently in their efforts to categorize people and measure the performance of their products across skin tones.

Dermatologist Dr. Thomas B. Fitzpatrick first developed the Fitzpatrick skin type system in 1975. It is based on the skin's response to erythema-producing doses of ultraviolet (UV) light, as it was initially the response of different types of skin to UV light. It can also be a good indicator of the potential development of dyschromia following epidermal or papillary dermal injury. Therefore, FST is also used in the cosmetic dermatology arena to indicate the risk of developing post-

inflammatory hyperpigmentation (PIH) or the potential of hypopigmentation from melanocytic injury.

Technology companies have incorporated the FST scale to help develop various products, such as facial recognition systems and smartwatch heart-rate sensors. Because skin color is a factor in these products, they have borrowed the FST to help classify skin tones to program their various devices. One start-up company even used celebrity examples to reflect the FST system: Derek Jeter was an example for type IV, Tyra Banks a type V, and 50 Cent was a type VI. However, they are finding that the lack of variety in this system has limited their ability to best meet the needs of their consumers. Admittedly, even dermatologists have found that FST

can also not accurately reflect our patients. Reaction to the sun does not always correlate with race or ethnicity. Dr. Susan Taylor, of the University of Pennsylvania and co-founder of the Skin of Color Society, even remarks that by using the clinical appearance only of her skin would put her at type V when she is really a type IV as she does burn. Therefore, there are limitations to the FST system when used to categorize race or ethnicity, in particular with brown or black skin.

These limitations are more evident in the technology field. For technology purposes, the limited scale of variation of darker skin leads to concerns that products may work on some tones but not all. For example, a recent study regarding smartwatches suggests that measurements in people with darker skin tones are less effective and less accurate. This study was out of Canada and presented at the American College of Cardiology conference in April 2022. A systemic review of 10 previously published studies showed

### The Fitzpatrick Scale

					
<b>Type 1</b>	<b>Type 2</b>	<b>Type 3</b>	<b>Type 4</b>	<b>Type 5</b>	<b>Type 6</b>
White, pale	White, fair	Medium, white to olive	Olive to light brown	Brown to dark brown	Very dark brown to black
Always burns, never tans	Always burns, sometimes tans	Sometimes burns, always tans	Rarely burns, always tans	Very rarely burns, tans easily	Never burns, tans very easily



that heart rate measurements on smartwatches were significantly less accurate in darker-skinned patients than in lighter-skinned patients. The algorithms for these devices are often developed in homogeneous populations and may lead to results that do not apply to all. This study shows the importance of ensuring technology meets the needs of diverse people, particularly in the healthcare field.

Therefore, the lack of color range in diverse populations with the FST system has been limiting in the technology sector. For technology to work well for all skin colors, new products are starting to be developed using artificial intelligence (AI). With electronics, color accuracy suggests that tech standards should have 12-18 tones to classify skin tones better. Google Meet has developed a feature using AI to allow for better illumination with video chats and conferencing in darker skin. AI is also being used in dermatology in a web-based application called Derm Assist. Patients will be able to take photos of their areas of concern and submit them for review. The AI model will then analyze the information and give a possible match for diagnosis. They intend to have various skin types represented across different demographics. While we may or may not agree with this model of

care, technology must incorporate the variety of skin tones that make up our society.

It is interesting to see our Fitzpatrick Skin Type scale being used in the technology field. While it is not entirely accurate for technologic purposes, the idea that it is/was used by the federal government for facial recognition systems (no longer used given the poor representation in color range in our population), Google, Facebook, Microsoft, Apple, Garmin and possibly others reflects the importance of our field. With the growing diversity in our population, it remains to be seen if we will continue to use FST exclusively or if we, like the technology field, will develop other scales to stratify skin tones. After many years of one flesh-colored crayon, Crayola recently launched 24 skin tone crayons to reflect our population. Who knows? The coming generations of dermatologists could possibly use another scale to describe skin color to help treat patients more effectively.

### Resources

1. Bologna, JL, et al. (2003) *Dermatology*. New York: Mosby.
2. Dave, P. (2021, June 18) *Google searches for new measure of skin tones to curb bias in products*. [www.reuters.com](http://www.reuters.com)
3. Koerber, Daniel (2022, March 23) *How accurate is smartwatch heart-data? It depends on your skin tone*. [www.acc.org](http://www.acc.org)

## 401k Corner: Capital Gains Tax

By: Chad Gruett, your Financial Advisor at Morgan Stanley

In 2017, the Tax Cuts and Jobs Act established a new tax perk allowing investors to defer and minimize capital gains taxes when reinvesting capital gains into qualified opportunity zones, which are economically depressed regions within the United States. Qualified Opportunity Funds invest in businesses or properties within qualified opportunity zones, offering that preferential tax treatment to the fund investors. By encouraging investment into opportunity zones, the government hopes to propel economic growth by creating more jobs, driving business activity, expanding housing options, and kickstarting new startups in distressed communities. If you are facing a significant tax liability as a result of capital gains, investing in a Qualified Opportunity Fund may be worth exploring.

Tax laws are complex and subject to change. Morgan Stanley Smith Barney LLC ("Morgan Stanley"), its affiliates, and Morgan Stanley Financial Advisors and Private Wealth Advisors do not provide tax or legal advice and are not "fiduciaries" (under the Investment Advisers Act of 1940, ERISA, the Internal Revenue Code or otherwise) with respect to the services or activities described herein except as otherwise provided in writing by Morgan Stanley and/or as described at [www.morganstanley.com/disclosures/dol](http://www.morganstanley.com/disclosures/dol). Individuals are encouraged to consult their tax and legal advisors (a) before establishing a retirement plan or account and (b) regarding any potential tax, ERISA, and related consequences of any investments made under such plan or account.

# keeping up with the Kids

By: Sapna Vaghani, MD, FAAD

**Tik-Tok. Tik-Tok. It's late. You can't sleep. It's one of those nights. What do you do? You decide to explore TikTok to see what it's all about, and this is where you meet Hiram.**

**T**his is the guy that many of your teen and millennial patients are getting skincare advice from. Hiram is a "skinfluencer," one of many people on social media who offer advice and content on skincare products, efficacy, and ingredients. The vast majority of skinfluencers have no training or credentials. However, some dermatologists (dermdoctor, skinbydrazi, drspf) are also making a name for themselves on this platform.



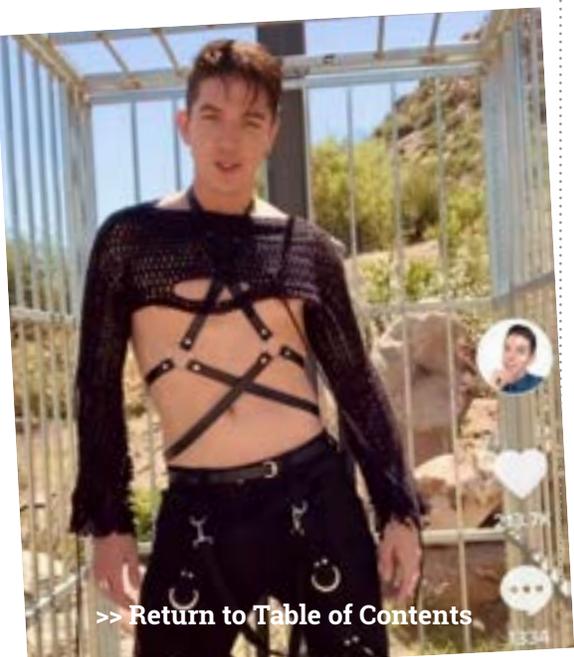
When one of my patients is using The Ordinary products, cleansing oils, or asks me about fungal acne and "AHA/BHA," my internal TikTok detector goes "ding ding ding!!" I immediately know this is their primary source for skin care information. This is not always a bad thing, but it is important for us to be educated about the vast amount of skincare information (or disinformation) that is instantly available 24-7 to our patients whenever they have a skincare question. If you don't have a TikTok account, I suggest you make one so you can browse around this cyber-dermatology/skincare world

(or, at the very least, discover the baked feta pasta recipe that took the world by storm in 2020). It's eye-opening, comical, and horrifying all at the same time. I don't even know how people have enough cabinet space in their bathrooms for all of these products. Perhaps this is why they need a skin fridge? Yes, a skin fridge.

**"It's important for us to be educated about the vast amount of skincare information that is instantly available 24-7 to our patients whenever they have a skincare question."**

### **Skin Fridge**

For just \$40-\$250, you can buy a cute little fridge to keep on your bathroom counter for storage of both skin products and makeup. Although this mostly seems like a useless product, in theory, it could



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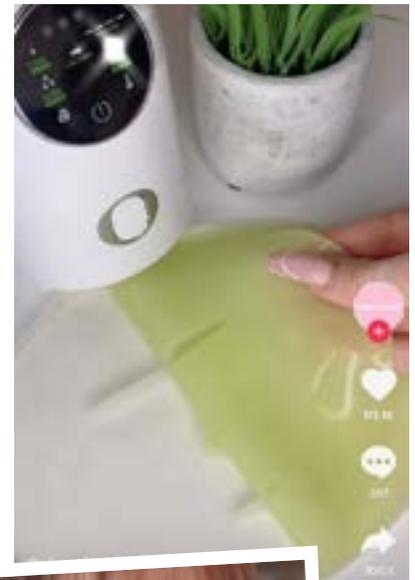
extend the life of some products, particularly antioxidants. It also got me thinking. When parents ask me what they should do when their atopic child wakes up in the middle of the night in a fit of scratching, I usually recommend they try applying an emollient that is stored in the refrigerator, as the cold soothes and can also distract from the itch. For any of your patients with poorly controlled facial dermatitis, perhaps a skin fridge might be both convenient and helpful. Many users also store sheet masks in their fridges, which brings me to my next great find.

### Face Masks

Call it closed-minded, but I am convinced that only bad things can come of this concept. These kits are about \$50 and are also available on Amazon. Users essentially blend all kinds of foods (oranges, avocados, berries, etc.) with a collagen capsule to make their own gelatinous sheet mask. Voila! It's that simple. The US face mask market was valued at more than \$280 million in 2020 and is expected to grow by 10% from 2021 to 2026, with retail sales predicted to total \$10 billion by 2031. This trend has partially been driven by increased awareness of the benefits of Vitamin C and the pandemic, which has resulted in people being more focused on the appearance of their skin and self-care and more at-home services. Given the increasing popularity, more of your patients will start using these DIY machines, so beware!

### Snail Slime

Your patients may not be into face masks, but do you know how they feel about snails? Enter snail mucin, one of the "buzziest" ingredients out there, most commonly found in Asian skincare products. The use of

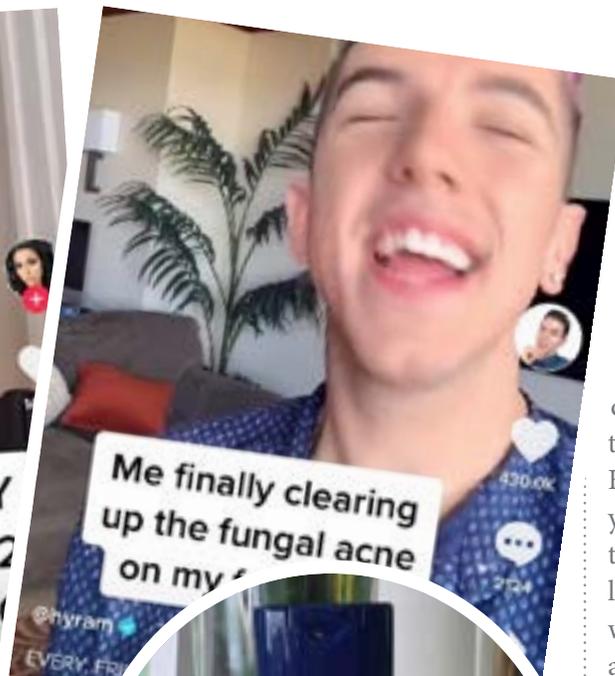


snail slime to improve skin health dates back to ancient Greece when Hippocrates reportedly advised patients to crush snails in sour milk to rid the skin of inflammation! The potential benefits of snail mucin stem from its three main components, hyaluronic acid, allantoin, and glycolic acid; it is also rich in antimicrobial peptides and antioxidants like superoxide dismutase. Although clinical studies are lacking, in-vitro studies have demonstrated that snail mucin promotes the proliferation and survival of both keratinocytes and fibroblasts. A 2013 double-blind study of 25 patients with coarse periorcular rhytides and fine

facial rhytides showed significant improvement after 12 weeks of applying an anti-aging product containing secretions of the snail *Cryptomphalus aspersa* (SCA). So, in this case, I must admit, my patients and TikTok may be on to something, but the jury is still out!

### Vegan Skincare

From the extraordinary world of snails, we move to a vegan brand, The Ordinary, launched in 2016. At least a few of my new acne patients every week mention they are using this brand. But what is the hype all about? Now a part of The Estee Lauder Companies, The Ordinary



aims to create beauty products at an affordable price point. In 2020, a user posted a video of her using The Ordinary's AHA 30%/BHA 2% Peeling Solution, which gives the user's face a red, blood-like appearance. It went viral, receiving more than 4.5 million views in a very short time. As of May 2021, The Ordinary is now the top skincare brand searched in more than 41 countries worldwide, putting it far ahead of major international brands such as Cerave, which ranks 1st in just five countries. The success of this brand, other than it being heavily promoted on multiple social media platforms, is thought to be tied to its focus on more simple formulations, minimalist packaging, "ethical" ingredients, and most importantly, an accessible price point with products retailing for \$3.50-\$28.90. The peeling solution mentioned above is the product my patients use the most. I have yet to try it, but it's on my list; stay tuned.

### Fungal Acne

Last but not least, what review of TikTok skincare recommendations would be complete without a

discussion on "fungal acne?" I would have already retired to a private island in the Pacific if I had a dollar for every time one of my teenage patients asked me, "What kind of acne do you think I have? I really think my acne is fungal."

As we all know, yes, pityrosporum folliculitis is an actual condition. However, it is not as common as TikTok users seem to think, with an estimated prevalence amongst American acne patients of about 5%. This condition, which is often misdiagnosed as acne, typically presents with monomorphic, intensely pruritic papules and pustules on the upper trunk and shoulders; however, one study of 49 patients revealed it can be found in multiple regions in > 50% of patients. This review also noted that facial involvement was

present in 57% of cases, with the lateral face and chin more often affected than the central face. 80% of these patients reported pruritus. In some studies, up to two-thirds of patients with steroid-induced acne have had confirmed pityrosporum folliculitis based on direct microscopy. If you suspect the involvement of pityrosporum, a KOH mount can be helpful (best if you sample a comedo), in addition to an examination with a Wood's lamp, which can illuminate lesions with a yellow-green fluorescence in an estimated 67% of affected patients. Topical antifungals have been found to be less effective than oral agents when initiating therapy, however they can be effective for maintenance and prophylaxis. Hynam recommends using Nizoral shampoo as a face mask for 5-10 minutes daily.

I hope you have enjoyed my dermatology-focused tour of TikTok. Although some users are full of horrible advice, it is good to see that many skinfluencers heavily promote the use of sunscreen in daily routines and that some brands trusted by many of us, such as Cerave, also have a significant presence on social media platforms.

### Resources

1. Fabi SG, Cohen JL, Peterson JD, Kiripolsky MG, Goldman MP. *The Effects of Filtrate of the Secretion of the Cryptomphalus Aspersion on Photoaged Skin.* J Drugs Dermatol. 2013 Apr;12(4):453-7.
2. McDermott M, Cerullo AR, Parziale J, Achrak E, Sultana S, Ferd J, Samad S, Deng W, Braunschweig AB, Holford M. *Advancing Discovery of Snail Mucins Function and Application.* Front Bioeng Biotechnol. 2021 Oct 11;9:734023.
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# FOREFRONT FIVE PODCAST



## 5 TAKEAWAYS

Are you looking for another way to immerse yourself in Forefront culture? Check out the Forefront Five podcast on your favorite platform. **Looking to beef up your business sense? Tune in to our next episode, focusing on running a practice, where we discuss everything from real estate to perfecting a P&L.**

**Stay tuned this summer for more helpful episodes!**



Email [betsywernlimd@forefrontderm.com](mailto:betsywernlimd@forefrontderm.com) with your ideas!



## A Grand Rounds Approach to Culture and Values

Did you know that your pathology lab sponsors CME every single month? Participate via webinar anywhere in the country to learn about exciting topics that will enhance your practice of dermatology, and earn you one hour of CME! Not available at the time of the live Grand Rounds? No problem! Listen on your own time through Zencast and earn CME hours when it's convenient for you!

**Next Session:**

### **Blistering Diseases and the Value of Direct Immunofluorescence**

Join Dr. Ling Xia and Dr. Kelli Hutchens on a tour of both classic and atypical antibody-mediated disorders, the role of Direct Immunofluorescence in diagnosis, and best practices for specimen selection. Participate via webinar anywhere in the country. This activity has been approved for *AMA PRA Category 1 Credit™*.

**→ Session Airs On:**

**06.22**  
**@5PM** <sup>CST</sup>

# Under the Scope: Toasted Skin Syndrome

By: Ling Xia, MD

**A** 32-year-old female presents with a complaint of painful and red rash located on bilateral legs for a few months. She was currently being treated with clotrimazole. Exam reveals red reticulated patches distributed on the right and left pretibial regions. A punch biopsy was performed, and an initial treatment of topical steroids (Triamcinolone 0.1% ointment BID x 2 weeks) was initiated.

## Microscopic

Sections show a punch of skin to the subcutis with endothelium edema and fibrinoid material in the superficial vascular walls. Focal fibrinoid material in the lumen of the vessel is also noted. There is superficial, and mid perivascular infiltrate of lymphocytes. There is extravasation of erythrocytes in the papillary dermis. There is no perivascular infiltrate of neutrophils with leukocytoclasia. There are hydropic and vacuolar changes of basal keratinocytes with occasional dyskeratosis. The epidermis also shows mild spongiosis and overlying hyperkeratosis. A PAS stain highlights fibrinoid material in the vascular walls.

## Follow Up

Although the pathologic findings are consistent with livedoid vasculopathy (LV), the clinical presentation is likely more consistent with erythema ab igne (the heat source that she is exposed to would expose the left lateral leg and right medial lower leg, which is exactly where the exam findings are located). LV is also typically very painful and causes ulceration lower on the legs and feet. She does not have these symptoms or examination findings. The patient will continue Triamcinolone ointment and avoid the space heater.

## Discussion

Given the fibrinoid degenerative change in the vascular walls, livedoid vasculopathy is favored; however, clinical history is consistent with erythema ab igne. Although it is unusual, the fibrinoid degenerative changes may represent secondary changes in erythema ab igne. This is another great example of clinicopathologic correlation being key to making the diagnosis.

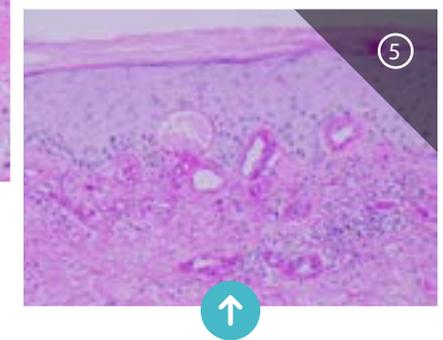
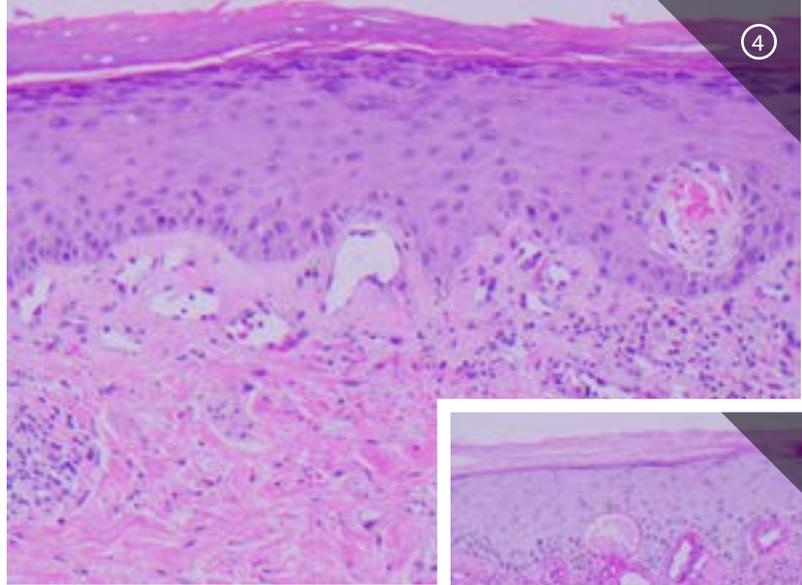


Figure 4: H&E High Power; Figure 5: PAS High Power.



Figure 3: Suture removal at two weeks.

# THE EXTRA MILE

As a healthcare provider, you might think that having a social media presence isn't that important to your practice's success. However, it is a marketing strategy that many have implemented as a new way to reach prospective patients.

By: Giacomo Maggiolino, MD, FAAD

Today, around 7 in 10 Americans use social media to connect with one another and engage with news content. While young adults were among the earliest to adopt social media, usage by older adults has increased in recent years (Pew Research Center).

When used correctly, social media provides us with tools to share information, debate healthcare policy and practice issues, promote healthy behaviors, and engage with and educate the public.

The following tips will help you avoid social media mistakes.

- Don't copy the intellectual property of other colleagues
- Don't put down other specialties
- Don't post pictures of patients without their written consent
- Don't alter before and after photos
- Don't forget to declare items that are gifted
- Don't pretend it is not an ad or sponsored (must use #ad, #sponsored, #brandpartner)

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We may not all become as popular as Dr. Pimple Popper, but social media will help you build your brand, especially if you find your niche. Whether you choose to teach the public about skin, promote your clinic's procedures, or publicize research, your presence online can help present you as the expert and allow patients to feel like they will be seeing someone who is a trusted voice in healthcare. It is an opportunity to broaden your reach as a physician and ultimately attract more patients.

You can review Dr. Sandra Lee's, our very own Derm celebrity (a.k.a. as Dr. Pimple Popper) retreat presentation on Sharepoint for amazing social media tips and information.

## Favorite Editing Apps

- Canva
- Capcut
- Layout
- Snapseed
- Unfold
- Clipomatic
- Splice



## Tips for Social Media

Whether you're just getting started or have been active on social media platforms for years, there's always room for improvement.



**Find your purpose**



**Figure out your niche**



**Decide on your target audience**



**Post at a consistent pace**



**Be flexible—reels today, Tiktok tomorrow**



**Careful with controversy**



**Let your personality shine through**

# Dermpath 2042: Choosing the Right Diagnostic Testing

By: Kelli Hutchens, MD, MBA, FCAP

**P**athologists are board-certified experts in laboratory testing and disease diagnosis. Words like sensitivity, specificity, and positive predictive value are commonplace for all doctors, but even more so for those specializing in pathology. For the first time since the home pregnancy test, the COVID pandemic has made “false positive” a household discussion topic amongst our patients. The broad array of testing made available, emphasis on such testing, and the large number of people affected by the virus have resulted in grandparents and 10-year-olds alike using words like antigen and PCR in everyday conversation.

The lightning-speed development of sophisticated

“  
How do we pivot to ensure patients with now broader access to results are enriched by this access and not confused or frightened?”

methods of COVID diagnostic testing reminds us of the potential pace of medical technology. It puts new demands on our field to advance at a rapid pace. When will dermatologic diagnosis move from the flip

phone to the smartphone, and will you be ready to convert your practice? Are there options besides the traditional paradigm of the visual exam, biopsy, tissue preparation, microscopic exam, and diagnosis? How robust and reliable are the options? Who can we trust to help guide and support the implementation and understanding of newly implemented test results? How do we pivot to ensure patients with now broader access to results are enriched by this access and not confused or frightened?

Whether you have been in practice for tens of years or one year, you might be doing much of your diagnostic workup the same as you did in training. Maybe you’ve experimented with some new in-office technology like Tape testing? Perhaps you’ve received reports on melanocytic lesions with gene expression profiling or molecular testing? Maybe you’ve implemented PCR to replace classic microbiologic culture for a subset of wound patients? How confident do



you feel in your knowledge and application of testing? How many of your patients are accessing their pathology, and what are they doing with that information?

As busy practicing dermatologists, we often receive information on new testing modalities from the representatives and providers of the test. Many factors may need to be considered when implementing new diagnostic technology. A clear understanding of the testing limitations, actionability of results, and technology costs are imperative. Medical providers are accustomed to wading through the marketing to find the best treatments, but being approached with testing options is a more recent phenomenon.

Ensure you’re offering your patients the best new testing methods and not just the latest “next best thing!”



# beauty BLOG

By: Tori Negrete, MD, FAAD

Focusing on tried and true cosmetic procedures that have withstood the test of time. These are some oldies but goodies, presented with a bit of historical perspective!

**L**ast quarter's Beauty Blog focused on new and innovative aesthetic technologies for 2022. Keeping with the Spring Retreat theme of Back to OUR Future, let's focus on tried and true cosmetic procedures that have withstood the test of time. These are some oldies but goodies, presented with a bit of historical perspective!

Let's start with sclerotherapy, which has roots beginning around 400 BC with Hippocrates's first documented treatment of venous disease. He wrote

of introducing "a slender instrument of iron" through multiple punctures into the veins to induce thrombosis. His proposed treatment was most likely the precursor to sclerotherapy itself.

The creation of the hypodermic syringe in 1845 by Rynd led to the experimentation of various medications injected into veins, including absolute alcohol (1840), ferric chloride (1851), iodine (1906), mercury (1920), sodium morrhuate (1930), sodium tetradecyl sulfate (1946), and polidocanol (1966). Of course, several of

these compounds are still used today in modern sclerotherapy treatments.

It was known early that compression therapy was an integral component of successful sclerotherapy, starting with Hippocrates, followed by Roman soldiers use of leather straps, then bandages made of plaster, ultimately leading to today's graduated-pressure compression stockings. The 1970s gave rise to the ultrasound as an exceptional medical tool to assist in treating venous disease.

While the medications have changed over the years, many things remain the same. And sclerotherapy to this day remains the gold standard for the treatment of spider veins.

Moving on to chemical peels. The first documented use of chemical peels goes way back to the Egyptian days (3000 BC to 30 BC) when the Egyptian women used lactic acid in the form of spoiled milk on their faces for

facial rejuvenation. However, it wasn't until the 19th century when Viennese and German dermatologists started recognizing and trying different compounds as peeling agents. The first use of phenol for chemical peels was in 1871, followed by resorcinol, trichloroacetic acid, and salicylic acid in 1882. Many other chemical peels followed, including glycolic acid,

**The first documented use of chemical peels goes back to the Egyptian days (3000 BC to 30 BC) when Egyptian women used lactic acid on their faces for facial rejuvenation.**

mandelic acid, lactic acid, and retinoic acid.

As dermatologists, we still use many of these chemical agents to induce peeling for a variety of skin conditions, not limited to facial rejuvenation.

Chemical peels have multiple modalities and uses, including the treatment of actinic keratoses, lentigines, wrinkles, acne, scarring, and so much more.

While most dermatologists are familiar with and utilize superficial and medium depth peels, many do not use deep chemical peels as commonly. Most dermatology aesthetic clinics are not set up for anesthesia/sedation and IV supplementation, and the need for cardiac monitoring with phenol-based deep chemical peels. This is further compounded by the shift of minimal to no downtime for aesthetic procedures that many patients have grown accustomed to in the last several years. However, it is important to note that superficial and medium peels may not get the results ultimately desired by patients, and they may be willing to have downtime to have incredible results.

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# FOREFRONT Forum

**Forefront Dermatology is flourishing!  
With all our incredible growth, this  
was likely our last retreat in Kohler, WI.  
Alas, Forefront Dermatology has finally  
outgrown the American Club!**



By: Tori Negrete, MD, FAAD

**K**ohler has been our meeting place for the Spring Retreat since 2010, and we have hosted 10 Spring Retreats and 1 Fall Retreat there. We started with only a small handful of dermatologists and their families. I remember my first Spring Retreat: we all sat at a U-shaped table in a small conference room. Our reception was also small; we all ate at one long table in the Immigrant Room. At this dinner, my husband and I tried our first Wisconsin-style Old Fashioned. The first time I met Betsy Wernli was outside the Kohler entrance, and the rest is history! This year we are slated to host over 190 members of the Forefront family!

Kohler is such a special place for many of us here at Forefront Dermatology. For those of you new to our practice this year, we hope you enjoyed the retreat at Kohler. We have had many great memories here and will highlight them below!

As an homage to Kohler and the American Club, here's a small history lesson to learn what has made Kohler what it is today.



As was so often the case with major American businesses in the 1800s, the Kohler Company grew from modest roots. The company's founder, John Michael Kohler, began his working life first as a delivery truck driver and then a salesman.

John Michael's sales calls took him to Sheboygan, among other places, where he met and then married schoolteacher Lillie



Vollrath in 1871. Lillie was the daughter of Jacob J. Vollrath, who himself had come to the United States from Germany. As was customary for that time, John Michael was taken into his father-in-law's business, the Union Steel and Iron Foundry, which was located on the corner of Ninth St. and St. Clair Ave. in Sheboygan. Two years later, Jacob sold or gave, the surviving records are not clear, the business to John Michael and a partner.

Jacob dispatched his son Andrew to Germany to learn how to improve the process. Andrew's



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KOHLER IS SUCH A SPECIAL PLACE FOR MANY OF US HERE AT FOREFRONT.

company was now called, built a new and larger facility that included an enameling shop, no doubt using techniques that John Michael's brother-in-law, Andrew Vollrath, had brought back from Germany.

One of their first enameled products was a bathtub made by applying a porcelain coating to a cast iron horse trough. With this product, Kohler entered the booming market in bathroom furnishings, a market stoked by the associated construction boom in new single-family houses in American cities and their emerging suburbs.

Originally called Riverside within the rural Town of Sheboygan, the village was founded as a model company town in 1900 when the Kohler Company built a new plant at the location.

The village was incorporated in 1912 as the Village of Kohler. Of the original homes, most built between 1917 and 1931, approximately 95% are owner-occupied. The Kohler Company continues to retain final authority over the design of home and business additions, outbuildings, and fences in the village to keep them within a certain aesthetic standard.

trip was basically a form of industrial espionage, made possible by his knowledge of foundry work and his fluency in German. Andrew spent the winter of 1873-1874 working in a foundry that used enameling. He returned to Sheboygan in 1874 with the essential techniques in hand.

One more spying trip was needed to perfect the process, but finally, Jacob's new business, the Sheboygan Cast Steel Company, was ready to enter the kitchen appliance market.

Following a fire in 1880 that destroyed the original foundry, Kohler, Hayssen, and Stehn, as the

# HOT OFF THE PRESS

By: Katie Hunt, MD, FAAD



## 1 Rheumatoid Arthritis

Tofacitinib demonstrates higher incidence of major adverse cardiac events (HR 1.3), cancer (HR 1.5), opportunistic infection (HR 1.8-2.2), and non-melanoma skin cancer (HR 1.9-2.2) when compared to TNF-inhibitor therapy in patients with rheumatoid arthritis. Efficacy was similar, non-inferiority of tofacitinib was not achieved. A prospective, randomized, open-label trial with patients assigned 1:1:1 to tofacitinib 5 mg or 10 mg twice daily, or a TNF inhibitor

Ref: N Engl J Med, January 2022



## 2 Androgenetic Alopecia

Relative efficacy of minoxidil and 5-alpha reductase inhibitors in men with androgenetic alopecia, a network meta-analysis. From most to least efficacious: oral dutasteride 0.5 mg/d, oral finasteride 5 mg/d, oral minoxidil 5 mg/d, oral finasteride 1 mg/d, topical minoxidil 5% twice daily, topical minoxidil 2% twice daily, oral minoxidil 0.25 mg/d. Adverse effects, risks, and patient comorbidities must be carefully considered and explained before medications are given.

Ref: JAMA Dermatol, March 2022



## 3 Cutaneous Squamous Cell Carcinoma

Risk for cutaneous squamous cell carcinoma stratified by medication and organ in solid organ transplant recipients. Voriconazole (HR 1.1 per month of use in lung transplant patients) and azathioprine (HR 4.2 for >7 months exposure) associated with greatest risk. Other medications (e.g., belatacept, cyclosporine) were not associated with increased risk. Lung transplant conferred the greatest risk (HR 14.8 for lung vs HR 6.5-10.7 for other organs). White and Latinx ethnicity were associated with increased risk compared to non-white persons

Ref: JAAD, March 2022



## 4 Epicardial adipose tissue volume (EAT-V)

Epicardial adipose tissue volume (EAT-V), a marker of coronary artery disease (CAD), was increased in men with severe psoriasis who had no known CAD. EAT-V may help physicians identify patients at risk before events occur

Ref: JAAD, March 2022



## 5 Supplemental Patch Testing

Supplemental patch testing beyond screening may be helpful for patients. This retrospective, cross-sectional study found that 22% of patients had at least 1 relevant positive finding during supplemental testing.

Ref: JAMA Dermatol, December 2021



## 6 Tacrolimus

No evidence for increased risk of cancer in atopic children with tacrolimus exposure. Children used tacrolimus  $\geq 6$  weeks, followed for 10 years. Prospective observational cohort study.

Ref: Paller et al. JAAD, August 2020

# Try Our Free Melanoma Box

Your patient has just been diagnosed with Melanoma; now what? While receiving all of the information and feeling prepared for what's next is important, it can still feel overwhelming. That's why we created our melanoma box—partnering with L'Oreal to give patients something to take home besides a pathology report—a box of skincare products and sun protection advice.

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**President & Editor  
Betsy Wernli, MD, FAAD**



**Kelli Hutchens, MD,  
MBA, FCAP**



**Giacomo Maggolino,  
MD, FAAD**



**Tori Negrete, 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.

Kelli practices dermatopathology in Manitowoc, WI. Kelli has a special interest in healthcare quality management practices and serves as the Medical Director for our pathology lab. She is passionate about the lab, providing support to all of the Forefront physicians and PAs/NPs and their patients. Kelli and her husband have three busy children, and she spends her free time at sporting events or traveling to Irish Dance competitions.

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 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.



**Ling Xia, MD, FCAP**



**Sapna Vaghani, MD,  
FAAD**



**Missy Mesfin, MD,  
FAAD, FACMS**



**Molly Moye, MD, FAAD,  
FACMS**

Ling completed his resident training at Brown University and fellowship at Cornell University. He is a dermatopathologist in our downtown Manitowoc pathology lab. When not reading slides, he spends his free time traveling. His latest travel had been to Brazil, but due to the pandemic he had to cancel his next trips to Africa and Europe. He and his wife Diana have two beautiful daughters, Kime, and Kate. Kim is working at a PE company and Kate is working at a consulting company.

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 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 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.



**Katie Hunt, MD, FAAD**



**Tom Pietras, MD, FAAD**



**John Pujals, MD,  
FAAD**



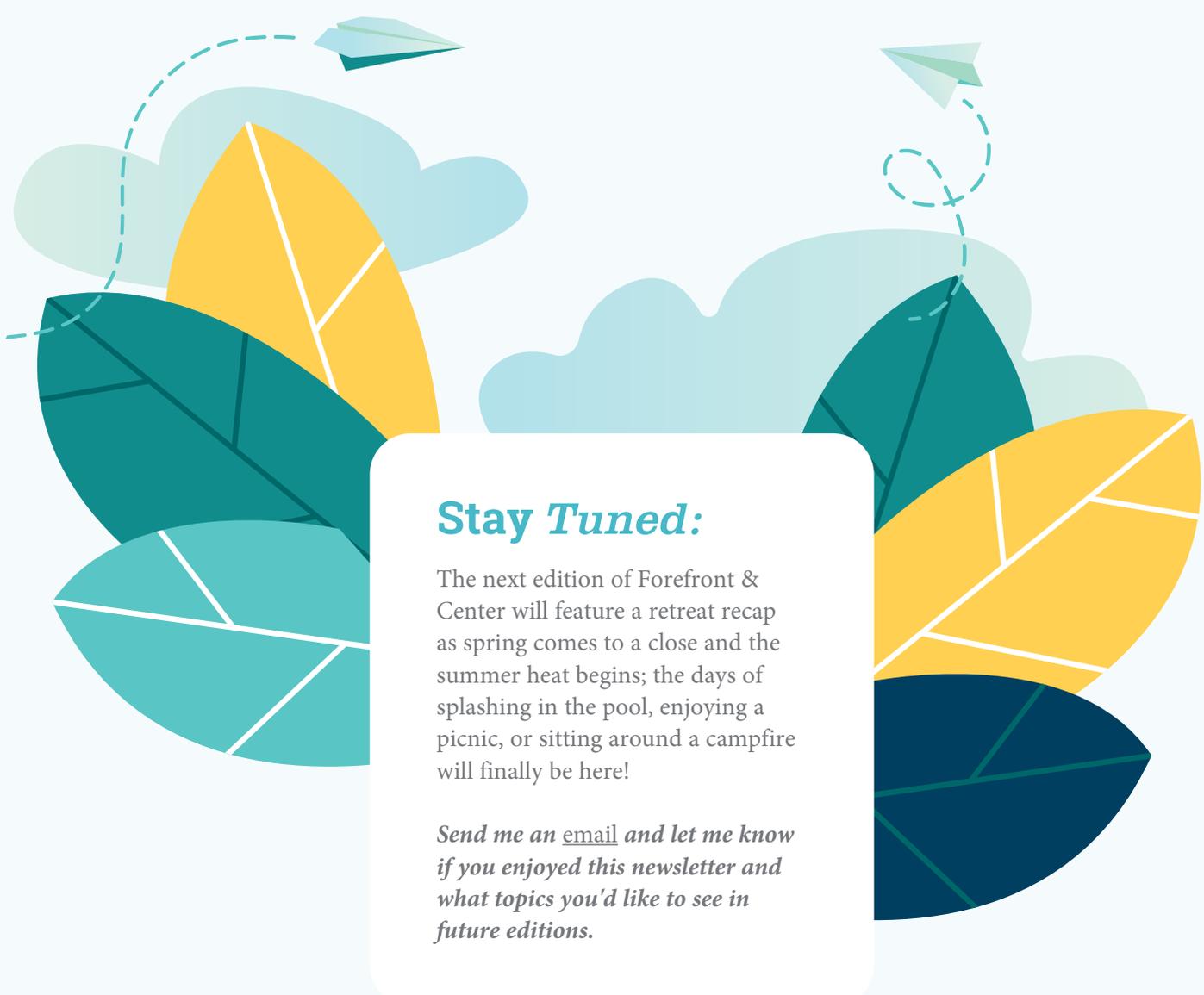
**Kayleen Moore  
Lead Documentation &  
Coding Specialist**

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.

Tom practices general dermatology in Cedar Rapids, IA. He completed his dermatology residency at the University of Iowa in 2013 and started with Forefront in August of 2013. Tom and his wife Erin have two children, Henry (11) and Jane (8). They live in Cedar Rapids with their rescue dog Bruno. He enjoys exercising, fishing, spending time with his family, and all things culinary, especially sharing his latest cooking/baking obsessions with his family and friends.

John is a board-certified dermatologist and fellowship-trained dermatopathologist who practices in Neenah, WI. John and his wife enjoy taking care of their six children and are looking forward to having all three of his wife's children in college at the same time in the fall (freshman, sophomore, and junior). He enjoys reading science and law enforcement-based thrillers, coin collecting, attending car shows, and traveling with his wife and blended family when frenetic schedules allow.

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:

The next edition of Forefront & Center will feature a retreat recap as spring comes to a close and the summer heat begins; the days of splashing in the pool, enjoying a picnic, or sitting around a campfire will finally be here!

*Send me an [email](#) and let me know if you enjoyed this newsletter and what topics you'd like to see in future editions.*