

The Dermatologic Society of Greater New York—December 1st, 2016

1) **Orit Markowitz, MD**

Assistant Professor and Director of Pigmented Lesions and Skin Cancer
Department of Dermatology, Icahn School of Medicine at Mount Sinai
Update on Non-Invasive Imaging

Dr. Markowitz discussed the new trends in non-invasive imaging of dermatological lesions.

Key points:

- Non-invasive imaging continues to expand and holds promise in accurately diagnosing lesions without the need for biopsy.
- New CPT codes for non-invasive imaging allow clinicians to provide these services in a cost-effective manner.
- Reflectance confocal microscopy (RCM), high-definition optical coherence tomography (HD-OCT), Fourier-domain optical coherence tomography (FD-OCT), and ultrasound each provide differential advantages in depth and cellular clarity.
- While pigmented lesions are the primary targets for non-invasive imaging, inflammatory lesions represent an emerging field of interest.

2) **Darrell Rigel, MD, MS**

Clinical Professor of Dermatology
New York University Medical Center
What's New in Photoprotection

Dr. Rigel reviewed the recent data on sunscreens and skin cancer prevention.

Key points:

- Numerous studies have affirmed the link between UV exposure and melanoma risk, with skin type remaining an important factor.
- Controversy exists regarding the maximum SPF needed in commercial products. Although SPF > 50 provides only marginal benefit, high SPF is useful in compensating for under-application of sunscreen.
- Despite claims that retinyl palmitate and oxybenzone are hazardous components of sunscreens, the literature shows that these compounds are in fact safe.
- Sprays have increased in popularity and now represent the most commonly used application.
- Above all else, patients should be advised to choose a sunscreen that they will consistently use.

3) Seemal Desai, MD

Founder & Medical Director, Innovative Dermatology

Clinical Assistant Professor

Department of Dermatology, UT Southwestern Medical Center

Vitiligo Medical Update 2016

Dr. Desai discussed his extensive experience in treating patients with vitiligo.

- The prevalence of vitiligo is on the rise, with over 50% of patients experiencing signs before age 20.
- Vitiligo is increasingly associated with depression, underscoring the importance of psychological therapy.
- The classification of vitiligo is important in guiding treatment. The three major stages are active/unstable, chronic, and refractory.
- Stabilizing vitiligo while it is in its active stage should be a primary goal. Oral mini-pulse therapy (OMP) with dexamethasone has shown strong results.
- Antioxidants are a helpful adjunct to phototherapy.