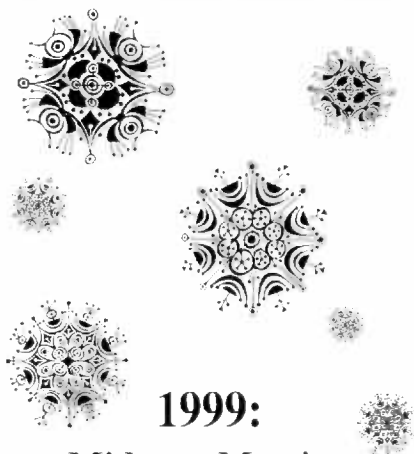




AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY

AOCD Newsletter  
Volume 18 Number 42  
Winter 99

### Calendar of Events



**1999:**  
**Midyear Meeting**  
February 3 - 6  
Indian Wells, CA

**Annual Meeting**  
October 24 - 28  
San Francisco, CA

## A MESSAGE FROM THE PRESIDENT

Dear Colleagues,

I would like to thank the college for its support from my residency and election as an officer of the Executive Committee and now subsequent, for the honor of the presidency. I have been blessed in many ways by many people and I hope to serve you well during this upcoming year. I am truly excited about the challenges that lay ahead. Before I share with you some thoughts on the upcoming year, I would like to thank all of the speakers and participants for making the Annual Meeting in New Orleans a great success. The residents presentations were notably outstanding. This is a testimony to the high quality of our applicants, their hard work and academic prowess as well as our tremendous residency programs and dedicated faculty.

Dr. Cindy Hoffman has put together a fabulous program for our Midyear Meeting in Palm Springs. The program is packed with educational lectures and workshops, yet there is ample time to enjoy family fun and relaxation. I hope to see all of you there.

I am grateful to the college for the privilege and opportunity to serve as its president. My predecessors have contributed tremendously to the growth and strength of our organization. It is my hope to "forge on" in a similar manner.

Max Lucado states that, "God loves us the way we are, but refuses to leave us that way". This is how I feel about our college. The "AOCD Five Year Plan" advanced by Dr. James Del Rosso in 1994, still serves as the foundation of our overall philosophy. However it is necessary to challenge ourselves and expand our boundaries to move forward into the new millenium.

The quality and sustenance of our residency programs and fellowships are of prime importance. We will continue to monitor and update you on the effects of HCFA cuts, OPTI guidelines and hospital buyouts.

Each successive CME program outshines its predecessor, a trend I hope perpetuates "et in finitum". We are pleased to announce that this year, (with Medicis' support) we will add The Scripps Clinic Cutaneous

Surgery course to our resident's training programs.

Politically, it is imperative that we pledge and demonstrate our support to the AOA and use their resources to our mutual growth and benefit, without sacrificing our identity or objectives.

We must strengthen our relationship with the AAD yet strive for the equivalent recognition and privileges that we deserve. This presidency will aggressively seek out those who employ deceitful practices that harm the integrity of our college and its members.

Since 1990 our membership has virtually doubled in size (133 to 254). Efforts to improve membership benefits, attract new members and maintain current members must be continued. We must also solicit and implement viable new approaches to build membership.

The success of our efforts to develop corporate sponsorships has benefited the College in numerous ways. It has also lead to the establishment of a finance committee together with a plan to manage our funds to maximize our future needs.

Finally, with the advent of a "policy manual" (Dr Yob's baby) we will be able to streamline national office activities and insure cohesive transitions from year to year.

In closing, I would like to encourage the committees to become more active and all members to be more involved in the college and these committees. If you have any concerns or comments please contact me. Our future is bright, let's grasp it and run toward our goals. Anything is possible with the right help, please be that help. Thank you.

Respectfully,  
Craig L. Ziering, D.O.  
President

---

# ***AOA STAFF JUMPS INTO THE UNITY CAMPAIGN***

What do a bake sale, a piggy bank, a pizza party, and bright red ID cords all have in common? They are all ways that AOA staff has jumped into the Unity campaign and have been urging each other to support the program. "We're up to about the 98% contribution level" states Jackie Miller, AOA's Manager of Physician Services and co-team leader for the staff Unity program promotion. Jackie and Leda Hanin, Executive Director for the American Osteopathic Foundation (AOF), have spearheaded the campaign to present the AOA Unity program to staff and invite their financial contribution for the future of osteopathic medicine. Floor captains have encouraged fellow employees to donate, while bright red ID neck cords identify all Unity campaign contributors. Pizza parties have been held to celebrate as each department comes on board with 100% participation. So far 8 departments: AOF, Communications, Education, Executive, Finance, Government Relations, Information Technology, and State/Socioeconomic Affairs have all met the 100% mark. One floor captain even held a bake sale as a way to support the program. Loads of goodies were consumed, all in the name of osteopathic Unity.

## **Why the enthusiasm?**

"The Unity campaign makes a lot of sense to AOA staff" states Dan Walter, AOA Legislative Analyst and 10th floor captain. "We work day in and day out on issues of concern for the osteopathic family. We know how important it is for AOA members to have a united front in the changes facing medicine. We also like the idea that our friends and family will understand what osteopathic physicians are all about."

## **What's the excitement about?**

The Unity campaign, launched in November, is a major effort to accentuate the distinctiveness of the profession. The program has three goals:

- Increase awareness of osteopathic medicine and AOA as the source of information on osteopathic medicine
- Accentuate the distinctiveness of osteopathic physicians
- Help unify the "family" of osteopathic medicine

The program is addressing these goals in six different ways:

- Developing a standard definition of osteopathic medicine to be used by all members of the osteopathic family We are in the process of developing a "tag line" that will quickly describe osteopathic medicine and leave a positive, easily remembered message in the minds of the public.
- Developing a PR campaign to promote osteopathic medicine to the public, to lawmakers and to policy/decision makers.
- Developing joint membership initiatives with the AOA family so that AOA specialty colleges, state divisional societies and AOA national are working in synch as much as possible.
- Creating a "pathway back" for osteopaths who have taken allopathic residencies.
- Enhancing osteopathic manipulative therapy training opportunities both during medical school and after graduation.
- Embracing and celebrating our history while preparing for our future.

## **How did this Campaign begin?**

A task force of AOA members created the program last summer. During the AOA House of Delegates, state and specialty society representatives voted to implement the program. A blue ribbon panel of DOs will guide the program, with AOA staff as "worker bees" to enact it, based on the panel's direction. AOA state and specialty societies, via a survey sent to the executive director, have been asked for feedback, and are being asked to formally endorse and promote the program when possible. AOA members have been assessed \$100 each to fund the PR campaign strategy and are asked to consider strategies they might employ locally to promote osteopathic medicine within their community. "It's a family thing," enthused Sue Bergeson, Assistant Director of Component Society Affairs for the AOA, "All osteopathic physicians, specialty groups, state groups, employees - the whole family has a part to play in the Unity program."

It's not about the job, there are hundreds of associations headquartered in Chicago, but I like DOs. I'm proud of being a part of, albeit a small one, the grand osteopathic family. It makes sense to me. So I want to support the Unity Campaign so that the profession continues to thrive," so states Tina Serafini, Internal Communications Coordinator for AOA.

Pounds of bakery items, piles of red ID cords and 98% contribution levels. They reflect the growing energy behind the Unity campaign. For more information about the Campaign for Osteopathic Unity, contact one of our representatives at 1-800-621-1773. For materials you can use to promote osteopathic medicine to your patients and within your community, contact 1-800-621-1773 x 8045.

---

---

# 1998 ANNUAL MEETING - NEW ORLEANS, LA

Despite the threats of a hurricane and its rainy aftermath, the 1998 Annual Meeting of the AOCD in conjunction with the AOA was a success. Dr. Craig Ziering, Program Chair, put together an outstanding program for this year's event. He even went that extra mile and stepped in to speak when one speaker was unable to get to New Orleans because of storms. The resident lectures were excellent. These presentations reflected the hard work and research skills of the residents as the Awards Committee selected five Koprince winners this year instead of the normal three.

The highlight of the banquet was the Fellowship Awards Ceremony. It was a memorable evening as the men who have contributed so much to the existence and growth of the AOCD were recognized for their labors. The culmination of the evening was a presentation by Dr. Eugene Sikorski of a resolution from the Michigan legislature recognizing President Lynn Sikorski, D.O. for her achievements as the first woman president of the College.

---



*Pictured from Left to Right, front row:* Robert D. Verona, D.O., Robert J. Shimmel, D.O., Daniel Koprince, D.O., Eugene T. Conte, D.O., James Q. Del Rosso, D.O., Jere J. Mammino, D.O., Israel Feldman, D.O.

*Pictured from Left to Right, back row:* Gene E. Graff, D.O., Earl U. Bachenberg, D.O., Dudley W. Goetz, D.O., Stanley E. Skopit, D.O., James D. Bernhard, D.O., Roger Byrd, D.O., Michael J. Mahon, D.O., David Brooks Walker, D.O., Charles G. Hughes, D.O., Lloyd J. Cleaver, D.O.

*Not pictured:* Thos. H. Bonino, D.O., Edwin H. Cohen, D.O., Don U. Collier, D.O., Harry B. Elmets, D.O., Shelly A. Friedman, D.O., Roger Graumann, D.O., Joel J. Harris, D.O., William F. Heckert, D.O., David C. Horowitz, D.O., Alex S. Macaione, D.O., Richard Miller, D.O., Ronald C. Miller, D.O., Steven C. Roberts, D.O., Michael J. Scott, D.O., Walter L. Willis, D.O.

---



*1998 Oclassen Award winners (left to right) Mark Kunata, DO; Melinda Greenfield, DO; Oclassen rep; Tanya Ermolovich, DO; and Daniel Hurd, DO.*

# 1998 A Meeting F

*Dr. James Bernard, Secretary-Treasurer, presented plaques of appreciation to our corporate members for the 1997-98 year. Corporate memberships provide unrestricted funding for the AOCD Annual and Midyear meetings as well as funding for activities supporting our residents and members.*



*Dr. Cindy Hoffman, 2nd Vice President, presented Dr. Lynn Sikorski, outgoing President, Waterford stemware in recognition of her achievements as the first woman president of the AOCD at the annual business meeting.*



1997-1998 Corp

# Annual Highlights

1997-98  
Koprince Award winners (left to right) Mark Kuriata, DO; Tanya Ermolovich, DO; Daniel Koprince, DO; Janice Lima-Maribona, and Daniel Hurd, DO.



## 1997-1998 Corporate Supporters

### DIAMOND

AmeriPath, Inc.  
C & M Pharmacal, Inc.  
Janssen Pharmaceutica



### PLATINUM

Westwood Squibb Pharmaceuticals

### GOLD

Allergan  
Dermatopathology Lab of Central States  
Dermik Laboratories, Inc.  
Ferndale Laboratories, Inc.  
Galderma Laboratories, Inc.  
Glaxo Dermatology  
Medicis Pharmaceutical Corporation  
Oclassen Pharmaceuticals, Inc.  
Ortho Pharmaceutical Corporation  
Pfizer, Inc.  
Schering Laboratories  
SmithKline Beecham Pharmaceuticals



### BRONZE

Merck US Human Health  
Stiefel Laboratories

## Corporate Members

---

## Mark A. Kuriata, D.O.

### Added to A.O.C.D. Newsletter Editorial Board

I would like to thank Dr. Yob for nominating me, and Dr. Ziering for appointing me as a member of the editorial/public relations committee for the AOCD. I, among others, would like to see the newsletter evolve into a more educational newsletter with the participation of all the residency programs. Each program will rotate to present a short educational case. I will be contacting the different programs and their residents in the future. I will do the first case in the format that follows. If you have any questions or comments send to **Residents Case of the Month** c/o Becky Mansfield.

A male patient in his mid-twenties presented with over ten years of "dry skin". He states his family physician told him he had eczema, which led to his frequent skin infections. He was tired of nothing helping his skin and wanted to know what type of eczema he had. He admitted to a younger brother with similar skin.

Exam revealed multiple keratotic papules with few excoriations in a seborrheic distribution. (fig. 1) There are a few areas on the right chest with honey colored crusting and right axillary lymphadenopathy. Exam of the nails revealed subungual hyperkeratosis and scattered nails with red and white streaking with distal notching. (fig. 2) Rare palmer pits were seen along with mild cobblestoning of the hard palate.



(fig. 1)



(fig. 2)

### What is your diagnosis?

---

**Darier-White Disease or Keratosis Follicularis.** This patient had a focal area of impetiginization with lymphadenopathy, which was cleared with oral cephalexin. Darier's disease is a disorder of keratinization that is inherited as an autosomal dominant trait with a wide range of expressivity.<sup>1</sup> The patient displayed many of the classic signs seen with this disorder including seborrheic distribution, cobblestoning of the hard palate, palmar pits, and nail changes.<sup>2</sup> Patients with this disorder may be misdiagnosed for years by their primary care provider as having eczema or xerosis. Darier's disease can be exacerbated by pyogenic infections, possibly due to an uncharacterized defect in immunity.<sup>3</sup> This disorder generally starts by the end of the first or during the second decade of life.<sup>2</sup> The differential diagnosis includes seborrheic dermatitis and benign familial pemphigus but can be easily differentiated by history, examination, and histopathology.<sup>2</sup> Histologically one would see dyskeratosis resulting in the formation of corps ronds and grains, acantholysis forming suprabasal clefts and irregular upward proliferation of basal cell lined papillae called villi.<sup>3</sup> The disorder responds well to oral retinoids however this patient declined oral therapy. The patient was placed on topical alpha hydroxy acid lotions and responded well but was lost to follow-up.

---