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 millennium.

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 infinitum.” We are pleased to announce that this year, (with Medicis’ support) we will add The Scripp’s 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 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.


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 AOCDD 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 AOCDD at the annual business meeting.
Annual Highlights

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

1997-1998
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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 AOAD. 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 keratic 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?

Diarier-White Disease or Keratosis Follicularis. This patient had a focal area of impetiginization with lymphadenopathy, which was cleared with oral cephalaxin. Diarier’s disease is a disorder of keritization that is inherited as an autosomal dominant trait with a wide range of expressivity. 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. Patients with this disorder may be misdiagnosed for years by their primary care provider as having eczema or xerosis. Diarier’s disease can be exacerbated by pyogenic infections, possibly due to an uncharacterized defect in immunity. This disorder generally starts by the end of the first or during the second decade of life. The differential diagnosis includes seborrheic dermatitis and benign familial pemphigus but can be easily differentiated by history, examination, and histopathology. Histologically one would see dyskeratosis resulting in the formation of corps ronds and grains, acantholysis forming suprabasal clefs and irregular upward proliferation of basal cell lined papillae called villi. 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.
Ronald Miller, D.O.
was featured in The DO,
November, 1998 issue in article entitled
"Dermatologist Delves Into Nail Fungus
With Kentucky DOs"

Congratulations
to Monique Cohn, D.O.
and husband
Kevin Adelstein
on the birth of twins,
a boy and a girl, on November 27.

Dermatopathology
Board Review Course
for third year residents
May 1-2, 1999
Cincinnati, OH

Angelo Mancuso, D.O.
was elected as
State Representative
in Alabama
in the
November elections.

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Seeking a BC/BE clinically oriented
Dermatologist to join a busy practice.
Small to Medium community which has
been typified by most as a great place to
raise a family with excellent school system.
Beautiful hills, trees, lakes and a vast array
of outdoor activities abound in this region.
Interested parties call 1-800-426-6653, 918-
426-1616 or fax CV to 918-426-2808. Dr.
Yob can also be reached at the meeting in
February.

Welcome
two new residents:
Barbara Baughman
Grandview Hospital,
Dayton, OH
&
David Corallo
Cuyahoga Falls Hospital,
Cuyahoga Falls, OH
American Osteopathic College of Dermatology

1998-1999 Corporate Supporters

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Ohio: Join two congenial, busy dermatologists; salary leading to partnership. The 190-bed hospital is state-of-the-art and financially sound. The service area of 100,000 and numerous primary care physicians provide the basis for a successful practice. Just 40 minutes to Columbus this college community has a safe environment, affordable housing and an ambience that reminds one of the lifestyle of the good old days.

Wanda Parker, E.G. Todd Physician Search, Inc., 84 Business Park Drive, Suite 111, Armonk, NY 10504, Phone: 914-273-5666, Fax: 914-273-5895
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The tetracycline family of antibiotics is useful adjunctive therapy for the treatment of severe acne. Monodox is contraindicated in persons who have shown hypersensitivity to any of the tetracyclines. Photosensitivity has been observed in some individuals taking tetracycline. Treatment should be discontinued at first evidence of skin erythema.

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BRIEF SUMMARY: See package insert for full prescribing information.

INDICATIONS AND USAGE: Doxycycline is indicated for the treatment of the following infections: Rocky Mountain spotted fever, typhus fever and the typhus group. D. fever, rickettsial, and tick-borne rickettsial infections. Respiratory tract infections caused by Mycoplasma pneumoniae. Leptospira pneumophila, venturii caused by Chlamydia trachomatis. Pneumonia caused by Chlamydia trachomatis. Pharyngitis caused by Chlamydia trachomatis. Although the infecting agent is not always eliminated as judged by the use of monotherapy, isolation of bacteria from nasopharyngeal aspirate (aspiration) due to Rema recrudescence. Doxycycline is also indicated for the treatment of infections caused by the following gram-negative microorganisms: meningococcal meningitis and endocarditis. *Pneumococcal pneumonia* is considered to be more resistant to doxycycline. There is not enough data to determine if it is effective for treating meningococcal meningitis.

Warnings: The use of drugs of the tetracycline class during tooth development (last half of pregnancy, infancy, and childhood) can cause permanent discoloration of the teeth (yellow or brown). This adverse reaction is more common during long-term use of the drug but has been observed following short-term courses. Enamel hypoplasia has also been reported. TETRACYCLINE DRUGS SHOULD NOT BE TAKEN DURING PREGNANCY. OTHER DRUGS IN THIS CLASS GROUP AS WORSE THE ADVERSE EFFECTS OF DOXYCYCLINE. If the drug is being used during pregnancy or after the last trimester, the fetal teeth will be affected and may cause permanent discoloration. There is not enough data to determine if it is effective for treating meningococcal meningitis.

CONTRAINDICATIONS: This drug is contraindicated in persons who have shown hypersensitivity to any of the tetracycline antibiotics.

 Adverse Reactions: Gastrointestinal: Anorexia nausea, vomiting, diarrhea, and abdominal pain. Other: Headache, dizziness, drowsiness, and malaise. The circular use of tetracycline and methylene blue has been reported to result in fatal toxemia. Concomitant use of tetracycline may reduce the effectiveness of other drugs less effective. Drug interactions: Tetracycline may interact with other drugs that require the same dose or altered dosage, leading to a decrease in the effectiveness of the tetracycline in the plasma.

Delivery: The effects of tetracylines on the liver and kidneys are unknown. Nursing mothers: Tetracylines are present in the milk of lactating women who are taking a drug in this class. Because of the potential for adverse reactions in nursing infants from the tetracyclines, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother (see WARNINGS).