

# Skin Health

A PUBLICATION OF THE MOUNT SINAL DEPARTMENT OF DERMATOLOGY FALL 2011

#### MESSAGE FROM THE CHAIR:

# Thirty Years Of Progress

In 1981, I was just starting my dermatology residency. I chose the Mount Sinai training program over some of the larger, more well-known ones in New York City, because the Mount Sinai Department of Dermatology had a legacy of clinical excellence. It was founded by Dr. Sam Peck, who, at barely five feet tall, was a giant in our specialty. The residents and voluntary faculty were superb, and Dr. Raul Fleischmajer, a world-renowned scientist, had just been recruited as Chair.

At that time, the faculty practice worked out of two small rooms. The clinical income of the Department was under \$100,000 annually. Our total grant support was just enough to pay the salary of one resident. We had no surgical division, and dermatopathology was virtually nonexistent.

Over the past 30 years, the Mount Sinai Department of Dermatology has grown dramatically. Our faculty practice occupies an entire floor at 5 East 98th Street, and we're continuing to expand. We've built one of the largest surgical and cosmetic divisions in the country. Doctors from around the world apply to train here every year. Our voluntary faculty has grown to 125 attending physicians; our full-time and part-time clinical faculty has increased from two to sixteen members; and we fund scientists in four laboratories; all making us one of the largest dermatology departments in the nation.



Mark Lebwohl, MD, Professor and Chair

Our Dermatopathology division analyzes more than 50,000 biopsy specimens annually. The combined income of Dermatology and Dermatopathology is more than a hundred times what it was in 1981, and the Department has received millions in federal, philanthropic, and pharmaceutical funding. Although our growth has been

continued on page 3



Hooman Khorasani, MD, performing a procedure on a patient.

## COSMETIC PROCEDURE UPDATE:

## A NEW LOOK FOR FALL

There's no better time than the fall to think about achieving a fresher look. Traditionally, we want to be at our best as we head into the season of class reunions, holiday parties, and family get-togethers. What's more, dermatologists agree that healing after cosmetic procedures and maintaining the improvement are more reliable now than during the summer, when sun exposure, extreme heat, and outdoor activities such as swimming can interfere.

Many of our adult patients want to know how to get back their youthful glow with medically proven options. The editors of Skin Health asked a few experts from the Mount Sinai Department of Dermatology to share some thoughts about their favorite methods.

Dr. Marsha Gordon recommends botulinum injections to smooth lines, especially crow's feet around the eyes and forehead creases. Botulinum works by relaxing the muscles that cause certain wrinkles. In some patients it can cause the eyes to appear more open and sharpen the jaw line. "It's my favorite procedure because it's quick and causes relatively little pain—truly a lunchtime procedure—and we can accomplish so much with it," said Dr. Gordon.

Another effective wrinkle treatment with minimal down time is to inject the target area with dermal fillers, according to Dr. Joshua Zeichner. He explains that as we age, the connective tissue and fat in our faces may be lost or become redistributed, resulting in hollows under our eyes, smile lines around our mouths, and thin lips. Dermal fillers help restore the lost volume. "Rather than filling in specific lines," said Dr. Zeichner, "we can rejuvenate the whole face to give a natural, more youthful appearance." Doctors can choose from a variety of FDA-approved dermal fillers tailored to suit the needs of individual patients. Dr. Zeichner often recommends ones that contain hyaluronic acid.

Although botulinum injections and dermal fillers involve little discomfort and quick recovery, patients are cautioned that these aren't permanent fixes—eventually, their effects do wear off. It's always best to ask your doctor about the expected duration of improvement.

continued on page 4