Hello colleagues! I hope that you are all off to a great academic year in your various pursuits. I recently had the privilege of attending the Summer ACADEMY meeting in Chicago. As usual, the meeting was a great success and provided excellent opportunities to meet colleagues and to exchange ideas on a slightly smaller scale than the Annual Meeting. As a result of the hard work of many local dermatologists and residents, the Live Patient Viewing and Discussion Session received particularly rave reviews (see ACADEMY Meeting News post edition for a special report on the Live Patient Viewing Session).

As chair of the Residents & Fellows Committee, I had the opportunity to attend the Council on Member Services Meeting as well as the Board of Directors Meeting. One topic of discussion is the continued drive to involve young dermatologists in Academy affairs. To that end, the Academy has significantly reduced dues for the first year out of residency. With the many governmental issues surrounding our profession, ranging from reimbursement and credentialing to Accutane regulation, the Academy wishes to encourage all members to become active in local dermatological societies. Many of these state and local societies have special programs and positions for residents, and I encourage all of you to start now as active participants in regional organizations.

Other highlights from the meeting included the plan for this year’s AAD Skin Cancer Screening to set the world record for number of people screened for cutaneous malignancy!

With regard to an issue always important to residents, I plan to soon send out a survey to Chief Residents regarding the use of in-service examination scores at your training programs. Further, we will continue to work with the ABD to improve topic-specific scores and feedback and to try to stabilize costs of the actual certification exam.

For highlights in this issue, don’t miss a new Boards’ Fodder on Inherited PPKs and a useful article on analysis of financial advisors’ credentials. As always, it is my pleasure to serve as your Chair and I look forward to meeting many of you at meetings in the future.
An essential element of our corporate responsibility is our commitment to the dermatology community. Connetics and its employees take this commitment seriously, and work collaboratively with nonprofit organizations through a wide range of programs supporting education and research.

For more information about Connetics, please visit our website: WWW.CONNETICS.COM

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education requirements and are regulated by states as well as their profession’s code of ethics.

**Personal Financial Specialist (CPA/PFS)**

Personal Financial Specialists are CPAs who have demonstrated both knowledge and significant practical experience in the area of personal financial planning. Only CPAs who are members of the American Institute of Certified Public Accountants can earn this designation.

**Certified Financial Planner (CFP®)**

The CFP® certification is one of the most recognized and prestigious designations in the financial services industry. Certified Financial Planners have completed a series of courses in investments, insurance, income taxes, estate, and retirement planning. They have also passed a comprehensive 10-hour certification exam. Additionally, CFP®s must have at least three years of planning experience (five if they do not have a bachelor’s degree) and meet stringent continuing education requirements. The CFP® designation is specifically designed to enhance the knowledge of people employed in the life insurance industry. CLUs must also have at least three years of professional experience.

**Chartered Life Underwriter (CLU)**

Chartered Life Underwriters are insurance agents who have completed comprehensive educational courses and demonstrated expertise in different areas of estate and insurance planning. This designation is specifically designed to enhance the knowledge of people employed in the life insurance industry. CLUs must also have at least three years of professional experience.

**Chartered Financial Analyst (CFA®)**

Chartered Financial Analysts have expertise in investing and portfolio management. They have passed three exams based on investment principles, applied financial analysis, and investment management. Each exam is approximately six hours in length. Additionally, CFA®s must have at least three years of experience in the investment decision making process. Generally, the CFA® designation is recognized as the definitive standard for measuring competence and integrity in the fields of portfolio management and investment analysis.

Additional questions you might consider asking when selecting a financial or tax professional:

- What is your educational background and area(s) of expertise?
- How long have you been in your industry?
- Do you hold any professional designations?
- What type of investments or financial products do you recommend most often?
- How are you compensated for your time?
- How often will you contact me to review the financial products and/or services that I might purchase from you?

Lawrence B. Keller, CLU, ChFC, is the founder of Physician Financial Services, a New York – based firm specializing in income protection and wealth accumulation strategies for physicians. He can be reached for comments or questions at (516) 677-6211 or by e-mail to lkeller@physicianfinancialservices.com.

**SAVE THE DATES!**

The upcoming dates for the Academy’s Dermatology Review regional course and Practice Management Symposium for Residents are:

**Practice Management Symposium for Residents 2006**
San Francisco Hilton
San Francisco, CA
March 2, 2006

**NEW THIS YEAR!**
On-line registration for the Practice Management Symposium for Residents 2006 will be available, as well as mail and fax. Watch your mail this fall for your brochure with more information.

**Dermatology Review 2006**
Marriott Hilton Head Resort
Hilton Head, SC
June 2 – 4, 2006

Visit the AAD Website www.aad.org for more information on upcoming regional Dermatology courses for 2006 and watch your mail for brochures.
# Boards’ Fodder: Inherited Palmar Plantar Keratodermas

Noushin Heidary, B.A. & Sharon E. Jacob, M.D.

<table>
<thead>
<tr>
<th>NAME OF PPK SYNDROME</th>
<th>GENE(S) INVOLVED</th>
<th>MODE OF TRANSMISSION</th>
<th>CLINICAL MANIFESTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acrokeratoelastoidosis</td>
<td>Unknown</td>
<td>Autosomal Dominant (AD)</td>
<td>Yellow, hyperkeratotic papules (appearing umbilicated) on border of palms/soles</td>
</tr>
<tr>
<td>Brunauer-Fuhs-Siemens syndrome (Striate PPK)</td>
<td>Desmoglein 1</td>
<td>AD</td>
<td>Linear hyperkeratotic streaks on volar surface of finger and palms, with no systemic associations</td>
</tr>
<tr>
<td>Clouston syndrome (Hidrotic ectodermal dysplasia)</td>
<td>Connexin 30</td>
<td>AD</td>
<td>Diffuse transgrediens PPK, alopecia, nail dystrophy, and other anomalies (cataracts, strabismus, tufted terminal phalanges)</td>
</tr>
<tr>
<td>Darier’s disease</td>
<td>ATP2a2</td>
<td>AD</td>
<td>Hyperkeratotic papules in seborrheic regions; white and red longitudinal bands, pterygium and V notch on nails</td>
</tr>
<tr>
<td>Epidermolysis bullosa simplex associated with PPK</td>
<td>Keratin 5/14</td>
<td>AD</td>
<td>PPK with traumatic palmoplantar &amp; mucocutaneous blistering</td>
</tr>
<tr>
<td>Epidermolytic PPK with polycyclic psoriasiform plaques</td>
<td>Keratin 1</td>
<td>AD</td>
<td>Chronic diffuse PPK with flares of psoriasiform plaques</td>
</tr>
<tr>
<td>Erythrokeratoderma variabilis</td>
<td>Connexin 31 and 30.3</td>
<td>AD</td>
<td>Transient areas of figurate erythema, hyperhidrosis, PPK with transgrediens, hyperkeratotic plaques</td>
</tr>
<tr>
<td>Focal acral hyperkeratosis</td>
<td>Unknown</td>
<td>AD</td>
<td>Crateriform papules showing no elastorrhexis</td>
</tr>
<tr>
<td>Focal EPPK</td>
<td>Unknown</td>
<td>AD</td>
<td>Focal and painful keratotic lesions, mainly on plantar pressure points</td>
</tr>
<tr>
<td>Focal NEPPK</td>
<td>Unknown</td>
<td>AD</td>
<td>Focal keratosis, often localized to pressure points on palms and soles</td>
</tr>
<tr>
<td>Focal palmoplantar keratoderma with oral mucosa hyperkeratosis</td>
<td>Keratin 16</td>
<td>AD</td>
<td>Focal PPK, oral hyperkeratosis, subungual hyperkeratosis</td>
</tr>
<tr>
<td>Greither Disease (progressive PPK)</td>
<td>Keratin 9</td>
<td>AD</td>
<td>PPK with transgrediens, involvement of Achilles tendon</td>
</tr>
<tr>
<td>Howel-Evans syndrome</td>
<td>Enploplakin</td>
<td>AD</td>
<td>PPK at pressure sites associated with esophageal cancer and oral leukoplakia</td>
</tr>
<tr>
<td>Huriez syndrome</td>
<td>Unknown</td>
<td>AD</td>
<td>PPK with sclerodactyly, hypohidrosis</td>
</tr>
<tr>
<td>Ichthyosis hystrix of Curth-Macklin</td>
<td>Keratin 1</td>
<td>AD</td>
<td>Spiky, verrucous hyperkeratotic plaques often associated with PPK</td>
</tr>
<tr>
<td>Keratosis palmoplantaris punctata (Bushke-Fischer-Bauer)</td>
<td>Unknown</td>
<td>AD</td>
<td>Multiple punctate keratosis on palmoplantar surface</td>
</tr>
<tr>
<td>Olmsted Syndrome</td>
<td>Unknown</td>
<td>AD</td>
<td>PPK infancy, oral leukoplakia, ainhum</td>
</tr>
<tr>
<td>Pachyonychia congenita (PC) I (Jadassohn-Lewandowsky)</td>
<td>Keratin 6a/16</td>
<td>AD</td>
<td>PPK, hyperhidrosis, mucosal leukokeratosis</td>
</tr>
<tr>
<td>PCII (Jackson-Sertoli/Lawler)</td>
<td>Keratin 6b/17</td>
<td>AD</td>
<td>PPK, steatocyst multiplex, natal teeth</td>
</tr>
<tr>
<td>PCIII (Schafer-Branauer)</td>
<td>Keratin 6a/17</td>
<td>AD</td>
<td>PPK, with corneal leukokeratosis</td>
</tr>
<tr>
<td>PC IV (Tarda)</td>
<td>Unknown</td>
<td>AD</td>
<td>PPK, hyperpigmented flexures</td>
</tr>
<tr>
<td>Progressive symmetric erythrokeratoderma</td>
<td>Loricrin</td>
<td>AD</td>
<td>Fixed, symmetric, erythematos hyperkeratotic plaques, sparing the trunk</td>
</tr>
<tr>
<td>Vohwinkel’s (Classical) syndrome</td>
<td>Connexin 26</td>
<td>AD</td>
<td>PPK-honeycomb surface, juxta-articular “star-fish” keratotic papules, pseudo-ainhum, &amp; high frequency deafness</td>
</tr>
<tr>
<td>Vohwinkel’s syndrome, ichthyotic variant</td>
<td>Loricrin</td>
<td>AD</td>
<td>Classic Vohwinkel’s syndrome, but NOT associated with deafness</td>
</tr>
<tr>
<td>Vorner syndrome (diffuse epidermolytic PPK)</td>
<td>Keratin 9</td>
<td>AD</td>
<td>Non-transgrediens, symmetric hyperkeratosis of palms and soles, knuckle pads</td>
</tr>
</tbody>
</table>
## NAME OF PPK SYNDROME

<table>
<thead>
<tr>
<th>NAME</th>
<th>GENE(S) INVOLVED</th>
<th>MODE OF TRANSMISSION</th>
<th>CLINICAL MANIFESTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unna-Thost (diffuse non-epidermolytic PPK)</td>
<td>Keratin 1</td>
<td>AD</td>
<td>Non-transgrediens, hyperhidrosis, knuckle pads</td>
</tr>
<tr>
<td>Association noted</td>
<td>Mitochondrial serine transfer RNA</td>
<td>Presumed AD</td>
<td>PPK with deafness</td>
</tr>
<tr>
<td>Carvajal syndrome</td>
<td>Desmoplakin</td>
<td>Autosomal recessive (AR)</td>
<td>Generalized PPK with woolly hair and dilated left ventricular cardiomyopathy</td>
</tr>
<tr>
<td>Ectodermal dysplasia/skin fragility syndrome</td>
<td>Plakophilin</td>
<td>AR</td>
<td>Painful PPK, trauma-induced skin erosions, dystrophic nails, sparse hair</td>
</tr>
<tr>
<td>Haim-Munk Syndrome</td>
<td>Cathepsin C</td>
<td>AR</td>
<td>PPK with severe periodontitis, arachnodactyly, acro-osteolysis, onychogryphosis, and radiographic deformity of fingers</td>
</tr>
<tr>
<td>Kid syndrome</td>
<td>Connexin 26</td>
<td>AR</td>
<td>Keratitis, Ichthyosis, Deafness, &amp; stippled PPK (moth-eaten)</td>
</tr>
<tr>
<td>Lamellar ichthyosis</td>
<td>Transglutaminase 1</td>
<td>AR</td>
<td>Generalized ichthyosis with large scales, hypohidrosis, ectropion, and PPK</td>
</tr>
<tr>
<td>Mal de Meleda</td>
<td>SLURP-1</td>
<td>AR</td>
<td>Transgrediens, glove-and-stocking malodorous PPK, palmoplantar hyperhidrosis, hyperkeratotic plaques over joints, nail dystrophy, and perioral erythema</td>
</tr>
<tr>
<td>Naxos Disease</td>
<td>Plakoglobin</td>
<td>AR</td>
<td>PPK, congenital woolly hair, right ventricular cardiomyopathy</td>
</tr>
<tr>
<td>Papillon-Lefevre syndrome</td>
<td>Cathepsin C</td>
<td>AR</td>
<td>Symmetric, diffuse transgrediens PPK, periodontitis &amp; loss of deciduous/ permanent teeth, &amp; calcification of tentorial falx</td>
</tr>
<tr>
<td>Richner-Hanhart syndrome</td>
<td>Tyrosine transaminase</td>
<td>AR</td>
<td>Corneal ulcers, mental retardation, painful punctate keratoses on palms/soles, increased serum and urinary tyrosine levels</td>
</tr>
</tbody>
</table>

AAD Residents, Fellows Mentor Program Available

The American Academy of Dermatology’s Residents and Fellows Committee (RFC) has formed a mentorship program that is intended to serve as a resource for residents, young physicians, and all AAD members who have career or clinical questions in dermatology.

The Mentorship Program has been designed informally, and specific details, including the scope of the mentorship, are to be worked out on an individual basis. This program is aimed at all residents, fellows and young physicians.

Mentors include:

Michael J. Bernhardt, M.D.
Jacksonville, FL

Alina G. Bridges, D.O.
Rochester, MN

Richard Clark, M.D.
Stony Brook, NY

Fran E. Cook-Bolden, M.D.
New York, NY

Ray Cornelison, Jr., M.D.
Oklahoma City, OK

Edward W. Cowen, M.D.
Bethesda, MD

Jaime Ferrer-Bernat, M.D.
Mexico City, MEXICO

Philip Fleckman, M.D.
Seattle, WA

Carlos Guillen, M.D.
Valencia, SPAIN

Thomas J. Hogarty, M.D.
Sheridan, WY

Sandy Johnson, M.D.
Dublin, OH

Jason Lockridge, M.D.
Helena, AL

Eve Lowenstein, M.D., Ph.D.
Oceanside, NY

Markham C. Luke, M.D., Ph.D.
Rockville, MD

Laertes Manuelidis, M.D.
Fort Myers, FL

Ricardo Mejia, M.D.
Jupiter, FL

George Murakawa, M.D.
Troy, MI

Alessandra B. Alio Saenz, M.D.
San Diego, CA

Linda Spencer, M.D.
Crawfordsville, IN

Virginia P. Sybert, M.D.
Seattle, WA

Birgit K. Toome, M.D.
Voorhees, NJ

LaKimerly Woods-Coates, M.D.
Rockford, IL

Members who would like to participate as a mentor may fill out the questionnaire online at the AAD’s Web site, www.aad.org/professionals/Residents/resmentorapp.htm. Mentors will be posted on the residents/fellows and young physicians sections of the AADA Web site. For more information about the program, contact RFC Staff Liaison Steve Currier by phone at (847) 240-1798, or e-mail scurrier@aad.org.

Resident Coding Symposium Prepares Graduates for Life After Residency

Proper coding and documentation are subjects that many residency programs fail to adequately address. While residents often spend many hours learning the ins and outs of clinical dermatology, it has become all too frequent for graduating residents to depart their training with little or no exposure to even the most basic rules of coding. The Academy and Vernell St. John, the Academy’s Coding & reimbursement Specialist, are trying to change that.

Recently, the residents in dermatology at Brown Medical School had an opportunity to partake in the Resident Coding Symposium, led by St. John. An array of important topics were covered in the nearly four-hour seminar. Among the areas addressed were how to properly document to justify a particular E/M code, how to properly code and document various dermatologic procedures, and how to properly use modifiers in coding. The program was well received by the Brown residents. In particular, many of the senior residents felt that the symposium was invaluable preparation for life after residency. Regarding these coding sessions, St. John said, “The residents appreciate this introduction to coding issues and many have expressed interest in having these sessions available yearly.”

For more information about the Resident Coding Symposium, contact Vernell St. John at 847-240-1815 or e-mail vstjohn@aad.org. You may also submit your request for a coding seminar for residents on the AAD website at http://www.aad.org/professionals/Residents/codingbasics.htm.

Get Published!

We are always on the lookout for interesting stories, news, ideas and issues of interest to residents. We’d also like to see more stories written by our readers regarding topics of interest to all dermatology residents. If you have news or ideas for stories, would like to write an article, or provide feedback on something that you’ve seen in this publication, please contact Resident Roundup editor Dean Monti at the American Academy of Dermatology, dmonti@aad.org.

Got something to say? Say it on DermExchange

In response to member requests, Academy members now have a new convenient way to express and exchange ideas with other Academy members.

Introducing DermExchange, AAD’s official listserv.

Use this effective communication tool to share important information, make announcements, or post questions to your colleagues on any dermatology-related topic.

Sign up today! www.dermexchange.org
Looking for the Perfect Study Companion?

Look no further, the American Academy of Dermatology offers several comprehensive resources to aid in updating your current knowledge of general dermatology or key subspecialty areas while studying for the boards. These educational resources include; Maintenance of Certification Manual for Dermatology™ (MOCMD™), Dermatology Review, Coding and Office Management Review, and Dialogues in Dermatology. Each of these educational resources are designed to keep you abreast of recent advances in diagnosis, management, and treatment of dermatologic diseases.

New for 2005, Maintenance of Certification Manual for Dermatology™ (MOCMD™) is the latest resource that provides a self-directed learning opportunity for dermatology professionals to review and enhance their knowledge of general dermatology and key subspecialty areas, while developing professional life long learning skills. MOCMD is available for 50 category 1 CME credits.

MOCMD contains over 400 questions with discussions and images, each reviewed by former American Board of Dermatology question writers. MOCMD includes a full color manual with an interactive CD-ROM, each divided into four modules. Self-assessments for each module can be submitted all together or as you complete each individual module, allowing you earn CME credit as you go. The CD-ROM allows you to track the self-assessments you’ve taken and the ones you’ve submitted for CME credit, making MOCMD a great resource!

Dermatology Review is available for 13 category 1 CME credits, and comes complete with an interactive audio CD-ROM that contains the lectures from each presentations and an accompanying manual.

Derived from the Annual Meeting’s Coding, Documentation, and Practice Management course, the Coding and Office Management Review, provides an educational approach to the business and documentation side of dermatology.

Coding and Office Management Review focuses on the practical aspects of office management and coding for the majority of medical and surgical services. This education program is available for 9.5 category 1 CME credits, and includes an interactive CD-ROM with accompanying manual.

In addition to Coding and Office Management Review, Dialogues in Dermatology offers unique interviews from top experts in the field of dermatology. With over one-third of North American Dermatologist subscribing annually, Dialogues has become one of the Academy’s most popular programs. Dialogues provides insightful discussions to keep dermatologist informed on timely topics and advances in the treatment of dermatologic diseases.

A one year subscription to Dialogues in Dermatology on cassette or CD, contains a self-assessment quiz, answer sheet and references for further study with each monthly issue. The self-assessment quiz is available for up to 24 category 1 CME credits per year. Dialogues subscribers can also review written transcripts of the commentary for each discussion, and complete the CME quiz online.

Each of these educational resources is a valuable tool in studying for the boards. Other study tools offered by the Academy include the Dermatology Core Curriculums that contain over 40 updated topics and references. Consisting of two parts, differential diagnosis and advances in diagnosis and treatment, Dermatology Core Curriculum provides a practical, concise overview of general dermatology. Also available are the Subspecialty Core Curriculums: Dermatology Core Curriculum: Dermatopathology, Dermatology Core Curriculum: Pediatric Dermatology, and Dermatology Core Curriculum: Dermatologic Surgery.

For more information or to place an order for Maintenance of Certification Manual for Dermatology™ (MOCMD™), Dermatology Review, Coding and Office Management Review, Dialogues in Dermatology or the Core Curriculums, call the Member Resource Center (MRC) at 866/503-SKIN (7546) or visit the Academy's web site at www.aad.org, and click on the Marketplace section.
Not Your Father’s MRC

Member Resource Center has grown, expanded its services

The Academy has been hard at work to find ways to make things easier and more efficient for its members. If you haven’t made use of the Member Resource Center lately, you might not know just how much they’ve grown over the past 20 months.

In the past, you may have contacted the MRC regarding orders (for products and services), to handle membership issues, and for address and CME information. Today’s MRC handles all this and more, including handling invoices, providing information for meetings and conventions, and Web site information.

The new MRC also has a Public Information Line which handles Find a Dermatologist, Skin Cancer Screenings and informational Pamphlets, all designed with your patients in mind.

Members in the US can reach the resource center toll free at 866-503-SKIN (7546). International members should dial (847) 240-1280. Or you can email your request to mrc@aad.org.

Some of the many services the MRC now handles include:
• New Memberships
• Membership Dues and Records
• Publications
• CME
• Membership Programs
• Subscription Programs
• Material Request
• Product Orders and Tracking
• Product Returns
• Annual and Summer Meeting Information
• Invoice Queries
• Skin Cancer Screening Kits

The Public Information Center now offers live assistance, designed to suit the needs of the public and your patients. Services include:
• Find a Derm
• Skin Cancer Screening locator
• Pamphlet requests