

American Society of Podiatric Dermatology Cherry Blossom Meeting

Crystal City, Arlington, Virginia
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Arlington Virginia, a few miles outside of Washington DC, was the venue for this year's American Society of Podiatric Dermatology (ASPD) meeting. The ASPD was founded in 1958 by Drs Joy Adams, Samuel Brezak, and William Ignatoff as the American Society of Chiropodial dermatology or the ABCD – quite a fitting acronym for a group whose interests include melanoma.

The first cherry blossom meeting was held in Washington in 1969, and it has been running every year since. Following an eight-year period of decline, in 2006 Dr Joel Morse took over as Chair of the group, aiming to expand its membership and group activities.

This year's conference was organised jointly by Dr Morse DPM & Dr Schultz DPM who put together a varied programme of lectures covering all aspects of skin disease. I was very fortunate to be invited to speak at the meeting, having communicated with Dr Schultz regarding the activities of UK podiatrists in the field of dermatology. From conversations with American colleagues, it seems that, like in the UK, dermatology is a minority interest amongst podiatrists in the US, but interest is growing rapidly and more practitioners are taking an interest in the diagnosis and

April is a good time of the year to visit Washington DC and Virginia. Locally it is known as the Cherry Blossom season, as the capital is in full bloom with cherry blossom everywhere and the good weather is returning. The whole Cherry Blossom theme began in 1912 when the then Mayor of Tokyo, Yukio Ozaki, donated 3000 cherry trees to mark the close relationship between the United States and Japan. Later in 1965 another 3500 were donated, adding to the spectacular blossom around the city. In 1994, the favour was returned and the Japanese were given cuttings from the Washington trees to replace those lost in Japan due to floods. A citywide festival has been running since 1935 and annual festivities are held to commemorate and celebrate this event.



Delegates at Trade Exhibition

treatment of foot dermatoses as an expansion to their current scope of practice. The faculty consisted of a range of professions including podiatrists, dermatologists, pathologists and pharmacists, all adding to the variety of content. In terms of scope of practice, the main difference in the US is that podiatrists have prescription access to many drugs unavailable to UK podiatrists, including many oral systemic agents.

As with most American conferences, an early (7.15am) start was required for breakfast and lectures. The first sessions concentrated on skin structure and function, with some common pathologies included. How to read a pathology report was an enlightening session on how to interpret the jargon and make clinical sense of the findings. Dr Richard Moon, a pharmacist, discussed how medicaments

could be mixed (or compounded) to enhance their effectiveness for individual patients. Topically, medicaments could be improved by the addition of newer penetration enhancers or utilising other known properties and interactions. For example, if a topical imidazole antifungal agent, such as miconazole, is compounded with 2% topical ibuprofen, the latter agent increases the potency of the former, potentially improving outcomes for the patient.

The other principle is to use a combination of drugs, each known to have effects for a specific condition. One such concoction is a wart paint containing salicylic acid, 5-fluorouracil and cimetidine – three agents that are all reported to cure the problem. In the UK, however, under the Medicines Act 1968, it is illegal for podiatrists to compound medicaments.

Above right: US Natural History Museum



Below right: The Capital Building



One's ethnicity and skin colour can alter the appearance of many common dermatoses, and Dr Rebek Halder, a dermatologist from Washington, highlighted how some of these differences may appear clinically, such as acne. In addition, certain skin types are more likely to be susceptible to specific conditions, which is important for the clinician to know.

The morning session was rounded off by a session on dermoscopy, which I presented. It was interesting to note how the technique, although not widely used by podiatrists, has been slow to be taken up in the US. Most of the literature to date has been published by European dermatologists. As one delegate put it – it's because Americans get paid to remove suspicious lesions but not to look at them with a dermatoscope! Recent evidence has shown how dermoscopy can reduce the need for excising suspicious pigmented lesions.

The afternoon session included Dr Bryan Markinson, a respected New York podiatrist, who discussed the use of high-

dose oral steroids in the treatment of eczema of the feet, with some case studies. The underlying principle of the technique was to deliver a rapidly tapering dose to bring the symptoms under control – an interesting viewpoint that differs from the UK approach.

The day was rounded off by difficult clinical case studies which delegates had brought along. Included on the panel with myself was Dr Markinson, Dr Carmen Myrie-Williams (Emeritus Professor of Dermatology, Washington) and Dr Harvey Lemont DPM. Harvey is an Emeritus professor from Temple University School of Podiatric Medicine who has written many papers in the US podiatric literature. It was interesting to note that a number of the unusual dermatoses had

arisen not because of rare skin diseases but due to biomechanical factors and poor footwear, a fact often overlooked.

The Sunday morning session was opened with a review of current wart treatments, highlighting that we need more research to prove if most of the medicaments we use have any significant clinical effect. Tracey Vlahovic DPM gave an overview of systemic disease and the skin as well as discussing the correct technique for biopsy. The final session was a workshop on skin flaps. Pig trotters and surgical instruments were available for all those wishing to practice new techniques.

Speaking with Dr Morse after the event about future plans, I discovered that he and his colleagues are aiming to expand their activities, initially by encouraging membership from residents and students. However he realises how difficult it can be to motivate people to join and take part but they are determined to take this forward. Plans are already underway for the 2010 meeting and they are hoping to encourage more sponsorship to fund activities. Let's hope for some joint UK-US meetings in the future!

Overall, I thoroughly enjoyed the meeting and would recommend it to colleagues looking to combine a break with some continuing professional development. With the cherry blossom, the meeting and sunny weather – it's a good combination. Finally, I would like to thank the ASPD and particularly Drs Morse and Shultz for their kind hospitality during my visit. Details of the ASPD and their activities can be found on their website (www.dermfoot.com).



L-R: Patricia Schultz, Harvey Lemont, Ivan Bristow, Carmen Myrie-Williams, Bryan Markinson and Joel Morse