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MDS Mentorship Program
Summary Report

I had a wonderful time working with Dr. Lindy Fox during my four weeks at UCSF. Because I am contemplating a career in pediatric dermatology, Dr. Fox also introduced me to the pediatric dermatologists at UCSF and designed a clinic schedule that balanced my time equally between inpatient dermatology and pediatric dermatology. In addition, I was able to spend time in the residents' continuity clinic, which is comprised of patients with complicated medical dermatology issues as well as hospital follow-ups. I attended the resident series of lectures during my time at UCSF, all of which were excellent and focused predominantly on the field of autoimmune diseases during my month there.

An invaluable aspect of my experience was seeing how an inpatient dermatology service runs. My own program does not have an attending that specializes in inpatient dermatology and rounding occurs at the end of the day in a somewhat hurried manner. In general, our attendings also do not have much time to see the inpatients in follow up and thus we usually only round on new patients. It was wonderful to have thorough, lengthy patient rounds with Dr. Fox. We rounded on old and new patients with her, and she asked thought-provoking questions that encouraged me to search the primary literature. In addition, she has an excellent relationship with the medical teams and consult services in the hospital. I feel this relationship improves the opinion other specialties have of dermatology at UCSF and thus prompts primary teams to consult dermatology with greater frequency.

There were several interesting inpatient cases during my month-long rotation, both adult and pediatric. One case that affected me deeply was a patient with dermatomyositis hospitalized for dyspnea. Her initial exam revealed severe vasculopathy of the fingers with autoamputation of several digits, Gottron's papules, and poikiloderma of several areas on the upper extremities, face, and lateral thighs. Unfortunately, her interstitial lung disease progressed dramatically during her hospital stay and she passed away. Her case supported the observation of clinicians that severe vasculopathy is often associated with fulminant pulmonary disease. I was not familiar with that association prior to my rotation with Dr. Fox, but I will never forget it. A pediatric case that I found especially interesting was a 2 month old hospitalized for wheezing and respiratory distress. Examination revealed a macular vascular lesion in a segmental pattern on the upper face (S1), consistent with an abortive hemangioma. The infant was found to have a subglottic hemangioma causing airway compromise. Though we typically associate these lesions with hemangiomas of the beard area, this infant reminded me that we must remain open-minded to new clinical observations.

Other fascinating inpatient cases included epidermal nevus syndrome in a newborn infant, pyoderma faciale in a patient with history of ulcerative colitis, carcinoma en cuirasse, carcinoma erysipeloides, an urticarial drug rash due to antithymocyte globulin, eczema herpeticum, photo-induced lichenoid dermatitis of HIV, severe sclerodermoid GVHD, and a pediatric patient with atypical BP, nephrotic syndrome and a bleeding disorder due to autoantibodies against factor 8.

An interesting case encountered in clinic with Dr. Fox included a gentleman with history of cicatricial pemphigoid and myasthenia gravis who had recently been diagnosed with pemphigus vulgaris of the esophagus. DIF was done at an outside facility and by report revealed intraepidermal IgG. We recommended the patient have imaging to rule out a thymoma and have a repeat esophageal biopsy as false-positive DIFs can occur with erosive esophageal disease. The patient's imaging and repeat biopsy were both within normal limits. His case reminded me that we must ask questions if a patient's laboratory tests do not match our clinical suspicions – a positive result may be a false positive.

Dr. Fox also made time to meet with me on several occasions to discuss career planning and my professional development. She took the time to ask me personal questions and give meaningful advice. The development of a mentoring relationship was the most valuable aspect of my four week rotation, and I know that this relationship will continue beyond my time at UCSF.