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MDS Mentorship Experience

I spent my Medical Dermatology Society mentorship month working with Dr. Edward Cowen at the Dermatology Branch of the National Cancer Institute at the National Institutes of Health in Bethesda, Maryland. The experience provided me with a thorough view into the workings of a phenomenal complex medical dermatology clinic and was one of the best learning experiences I have had in dermatology.

During the course of my month at the NIH, I devoted a large percentage of my time to seeing patients as a part of the Dermatology Consultation service at the NIH. The consult service functions as the main dermatology clinic for patients admitted to the NIH Clinical Center for active hospitalizations as well as those who are outpatients and on NIH research study protocols. In addition, for patients who are hospitalized in intensive care units, the consult service provides consultations at the patients' bedsides.

The consult service was an incredible experience for the breadth of diagnoses that I was able to witness while there. Several patients with genodermatoses – such as Birt-Hogg-Dube syndrome, Neurofibromatosis, Hereditary Leiomyomatosis and Renal Cell Carcinoma syndrome – are actively followed at the NIH, and I had the privilege of seeing multiple individuals with these conditions during the course of my month-long rotation. Another common diagnostic category included patients with rare inflammatory disorders; I was able to care for multiple patients with such conditions as CANDLE syndrome, Hyper IgE Syndrome, and DOCK8 deficiency. Patients with uncommon or advanced cutaneous neoplasms (such as HTLV-1 associated cutaneous ATL and diffusely involved mycosis fungoides), skin infections (such as mucocutaneous candidiasis; crusted scabies; and erythema nodosum leprosum), and disorders of keratinization (such as lamellar ichthyosis) were also frequent in clinic, providing me with a chance to see first-hand the challenges of followup and maintenance therapy for several complex diseases. There were dozens of diagnoses which literally “came to life” for me during my rotation, making the transition from having read of them in textbooks to actually seeing patients with these rare conditions.

Another focus of my time at the NIH involved evaluating patients with cutaneous graft versus host disease. Dr. Cowen and colleagues are actively engaged in clinical trials for the management of this complex condition, and during the course of the month I had the chance to participate in the evaluation of new patients presenting for consideration of clinical trials as well as to see followup patients on some of the experimental therapies. Each evaluation consisted of a comprehensive history as well as a thorough physical examination in addition to full-body scoring of the patient's extent of GVHD involvement. A highlight of the month was also participating in the multidisciplinary weekly GVHD conference, involving clinicians from several specialties all focused on the management of GVHD. This interaction epitomized the collaborative nature of work at the NIH which I found truly inspiring and impressive.

Finally, as part of my mentorship experience, I was able to both run the monthly NIH Dermatology Grand Rounds patient viewing and didactic conference, as well as present at the monthly Dermatology Journal Club focused on clinical research. These experiences allowed me to engage with individuals ranging from other dermatology trainees in local Washington-DC area programs, to community and academic dermatologists in the area, to basic scientists and researchers at the NIH studying various aspects of cutaneous biology.

I look forward to building on the academic experiences of my MDS mentorship by working on a scholarly publication with Dr. Cowen. As I begin to explore shaping my own trajectory in complex medical dermatology following residency, I know that the exposure I achieved during my time at the NIH will play a profound role in shaping my career and clinical interests. It was a phenomenal training opportunity and I am exceedingly grateful to the MDS and Dr. Cowen for making it happen.