

Introduction

Skin diseases occur in both young and old alike and are commonly seen in clinical practice. In this issue of *clinical CORNERSTONE*[®] experienced dermatologists discuss the most common skin diseases, including skin cancer, and the means to treat them.

Proper treatment for a skin disease depends on correctly identifying what the practitioner sees. In the first article, Charles A. Gropper, MD, describes the reaction pattern technique for identifying a skin disorder. This technique is based on color, quality of scale, morphology of the border, and lesion distribution, providing a logical path for diagnosis. Two case reports are presented that illustrate the importance of physical findings in approaching patients with skin problems.

Next, I discuss the evaluation and management of acne vulgaris and rosacea. Acne affects millions of people each year and is the bane of adolescence, although it is not unusual for women in their 30s to develop acne. Millions of dollars are spent each year for medication and cosmetics to treat, disguise, and hopefully eliminate this disfiguring skin disease. I present a practical approach to assess the patient with acne and provide practical insights into the topical medications that provide the most efficacy for both acne and rosacea.

With the incidence of skin cancer rising yearly, especially melanoma, the primary care physician must be vigilant in looking for signs of cancerous or precancerous lesions, which often can be hidden among other lesions such as keratoses. In the third

article, Tatyana R. Humphreys, MD, presents a comprehensive and accessible discussion of the most common skin cancers: basal cell carcinoma, squamous cell carcinoma, and melanoma. She discusses the available treatment methods and provides advice on counseling patients in the use of sunscreens and other sun protection tips to prevent skin cancer.

In the fourth article, I discuss the topical medications used to treat skin disorders, focusing on topical steroids. Steroids can do much to erase a skin disorder, but they are not free of problems. Skin atrophy is the primary disadvantage to using a topical steroid and the newer topical immunosuppressants avoid this undesirable side effect. I present the 3 guiding principles of steroid therapy with a nod to some of the newer medications for treating psoriasis, athlete's foot, and seborrheic dermatitis.

The elderly population suffers from a variety of skin disorders brought on for the most part by a lifetime of sun exposure. In the last article in this series, I discuss the treatment of actinic keratoses, which are premalignant, and pruritus as well as the more disabling skin disorders herpes zoster (shingles) and venous edema and ulceration.

Throughout these articles, primary care practitioners will find sensible approaches that can be applied in their everyday clinical practice in treating patients with skin disorders.

Guy F. Webster, MD, PhD