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# Clinical & Experimental Dermatology

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## Unraveling the mysteries of comedogenesis

**Madalene C Y Heng**

UCLA School of Medicine, USA

The formation of comedones or comedogenesis within the upper cornified segment of the hair follicle is basic to the pathophysiology of many acne form disorders. Unraveling the mysteries of comedogenesis is expected to assist the practitioner in designing a treatment consisting of effective comedolysis and prevention of further comedogenesis. Combining the above strategy with effective anti-scarring therapy will go a long way towards helping the acne patient achieve the goal of healing with perfect regeneration, while entertaining the possibility of maintenance of clear skin without additional long-term therapy. In this short discussion, the author will detail the molecular basis of comedogenesis, comedolysis and anti-scarring therapy which will provide the basis for a novel approach to the effective treatment of many acne form disorders.

[MadaleneHeng@aol.com](mailto:MadaleneHeng@aol.com)

## Contemporary surgical management of malignant melanoma

**Edibaldo Silva**

University of Nebraska Medical Center, USA

Recently, a Surveillance Epidemiology and End Results (SEER) survey of melanoma patterns of care by the Mayo Clinic in Scottsdale, showed remarkable deviations from best practice patterns throughout the country. The study, which analyzed the SEER records of 35,126 Stage I to III cutaneous malignant melanoma patients treated from 2004 to 2006, showed that adherence to National Comprehensive Cancer Network (NCCN) therapeutic resection margins occurred in less than 36% of patients. Similarly, considerable variation in the quality of melanoma care in the United States was independently reported when assessed using 26 quality indicators drawn by a panel of melanoma experts.

These observations underscore the significant lack of adherence to published best practice patterns as reflected by the NCCN guidelines. The untoward effects of these variations in practice pattern can have an inordinate impact on the survival of melanoma patients in whom long term outcomes are affected by the adequacy of surgical management. Thin malignant melanoma is curable. However, thick or node positive melanoma is often incurable. This outcome is determined not only by the stage at presentation, but also by the use of best practice patterns as reflected in current NCCN cutaneous melanoma practice guidelines.

[esilva@unmc.edu](mailto:esilva@unmc.edu)

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