

Introduction

Dermatology as a specialty has a very significant and rich history. In today's environment, procedural dermatology, be it surgical or cosmetic, has been in vogue, and many dermatologists, particularly in the United States, have embraced this addition to our field. Personally, I do not think this trend in any way threatens our specialty. The more versatile we become, the stronger we will be and hopefully we will never find ourselves with all our eggs in one basket. What must not happen is that we become so enamored with this particular subspecialty, that we forget who we are and where we came from. We cannot forget our roots, and we (the specialty as a whole if not individually) need to continue to care for those unfortunate individuals with significant and sometimes life-threatening dermatoses.

However, if a time comes, which hopefully it never does, when we are unable or unwilling to care for sick dermatology patients, we will not only lose the respect of our peers but, more importantly, we stand to lose the respect of our patients and the public who rely on us to provide the highest standard of care.

Contrary to the view that medical dermatology is moribund and ready to become a historical footnote, this publication covers some of the new challenges being encountered by those practicing medical dermatology. The articles in this issue cover diverse topics, such as the prevention and treatment of steroid-induced osteoporosis, which clearly is a complication frequently encountered by patients undergoing

long-term therapy with steroids. Other chapters include new syndromes that we could encounter given the prominent dermatological manifestations and new antimicrobials that we may prescribe or consult in patients being treated with these agents. Recently, a newly recognized bacterial infection that has reached epidemic proportions in some communities, namely, community-acquired methicillin-resistant *Staphylococcus aureus*, is also reviewed.

An update on contact dermatitis and the impact this process can have on patients and our ability to deal with this problem also is included. Other articles include the use of gammaglobulin in the treatment of toxic epidermal necrolysis, an area of some controversy, and the cutaneous mucinosis, with particular attention to systemic implications.

An update on cutaneous T-cell lymphoma also forms part of this issue. This disease remains a challenge for most of us, and caring for these patients and the management of this condition is even more complex, given the explosion of new information. I decided not to cover the biologics since they were reviewed recently (March 2005).

I feel very privileged to have participated in this issue of *Seminars in Cutaneous Medicine and Surgery* dedicated to medical dermatology. The future of dermatology is bright and, with new entities to be diagnosed and treated, as well as new therapeutic agents, so is the future of medical dermatology.

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