

Preface

No organ is as exposed to the environment as the skin. It is the interface between individuals and their surroundings. The skin protects us against a variety of potentially harmful agents—ultraviolet irradiation, thermal damage, mechanical stress, pathogenic microbes, and a variety of small and large molecules including allergens. The skin also plays an important role in maintaining a stable internal environment, regulating body temperature and water content.

Disturbances in the function of the skin can produce a broad spectrum of diseases, which often extend beyond the skin to have systemic effects. No other organ presents such a large variety of diseases, including a number which are potentially life-threatening. Skin diseases have the potential to interfere with body language—with how we see ourselves and how others react to us. Thus a number of common diseases such as eczema and psoriasis, which do not cause permanent damage and are not often fatal, still disrupt the lives of millions of affected people.

Skin diseases are very common and thus place considerable demands on health care systems. The problem is exacerbated by the fact that the incidence of several common skin diseases and tumors is on the increase. Both the aging population and environmental factors play a role in these increases, but in many instances, we do not know what is responsible.

The most deadly skin tumor is the melanoma. Its incidence has doubled every decade for the past half-century; exposure to ultraviolet irradiation seems to be the most important factor. Melanoma is about to become the fourth most common metastatic tumor among fair-skinned individuals. Basal cell carcinoma is already the most common human malignancy, with an incidence of $> 1:140$. The problems with skin cancers are made worse by the widespread use of immunosuppressive agents to treat autoimmune diseases and make organ transplantation possible. In addition, patients with HIV/AIDS and immunodeficiency are also at greater risk for many tumors.

Dermatologists have at their disposal a much wider spectrum of systemic medications than they did a generation ago. They must become skilled in using all the new medications. In addition, other specialties are also benefiting from advancements in the pharmaceutical industry, so that physicians and patients are increasingly confronted with skin reactions to new and unusual drugs. The new and expensive medications are particularly relevant for

many of the common disorders—such as psoriasis and atopic dermatitis—so that one cannot ignore both their medical and economic impact. Our abilities to treat autoimmune diseases, such as lupus erythematosus, have also greatly increased, once again challenging dermatologists to work effectively with other specialties to provide maximum care for this group of patients.

A decade ago no one expected an increase in severe infectious diseases of the skin. The antibiotic armamentarium was strong and all were optimistic. Instead we have been confronted with increasing antibiotic resistance, dramatic infections, and even diseases where we are threatened with running out of possible therapeutic choices. Sexually transmitted diseases have made a modest resurgence, and patients with either HIV/AIDS or iatrogenic immunosuppression present with a bewildering array of unusual and generally severe viral, bacterial, and fungal infections.

The skin also serves as a window on many systemic diseases. One can often recognize underlying malignancies, metabolic diseases, and inflammatory disorders with obvious systemic significance based purely on the skin examination. Dermatology thus interacts with almost every other discipline, both at a diagnostic and therapeutic level.

In our view, dermatology is marked by three important characteristics. Firstly, one must be able to accurately describe skin findings; this coupled with a good visual memory and hard study makes it possible for the dermatologist to generally make a rapid diagnosis—often to the amazement of colleagues or patients. Secondly, a profound appreciation of cutaneous biology and how it relates to disease is required to plan appropriate topical and systemic therapy; in addition, considerable technical skill is also required as dermatology is both a medical and a surgical specialty. Thirdly, the dermatologist must be a caring physician, a true friend to the patient. In addition to ensuring that the best possible therapy is offered, he or she must be aware of the many psychosocial problems that accompany common skin diseases, like acne, atopic dermatitis, and psoriasis, and help the patients and their families address these issues. The rewarding feature is that although in some instances one must be satisfied with supportive or even palliative approaches, in many instances therapeutic measures can be dramatically successful or even curative.

The classic position of dermatology in medicine, coupled with the many advances of the last 20 years in understanding pathogenesis,

facilitating diagnosis, and improving therapy, have encouraged us to use the classic Thieme "flexibook" format to present our specialty. The concept of brief texts facing informative and detailed color plates is an effective way to give the reader a clear and relevant introduction to dermatology. This book is in no way designed to compete with established large textbooks designed for the specialists. Instead our goal is to give students an almost painless introduction to dermatology over a short period of time, making not only the study of the skin, but all medical studies, more rewarding and pleasurable. We also hope that young dermatology residents and physicians in training in other specialties will find this book useful as a quick refresher, hopefully helpful in common clinical situations. The specialist may appreciate our work as a reminder of the intricate relationship between scientific advances and clinical dermatology.

Every book reflects the efforts of many individuals. We would like to thank the many friends and colleagues who have helped us so generously in preparing this book.

We would especially like to thank Ms. Susanne Schimmer who skillfully coordinated our efforts to produce the final texts and plates for the German edition. About one-third of the book was originally written in English, the rest in German, and the authors worked together to

prepare texts in both languages. Walter Burgdorf, a native English speaker, was responsible for the final English texts. Ms. Angelika-Marie Findgott and Ms. Annie Hollins from Thieme Publishers managed the English edition of the book.

The photographers in our Tübingen clinic, Mr. Oliver Hallmaier and Ms. Marianne Kelch were extremely helpful and provided almost all the photographs; other sources are listed on page 392. Professor Juergen Wirth provided all the diagrams, helping convert our medical knowledge into instructive visual material. Dr. Gisela Metzler provided all the photomicrographs while Professor Helmut Breuninger helped with the pages on operative dermatology.

We hope that every reader enjoys this book and learns from it. In addition, if it helps our colleagues to make the correct dermatologic diagnoses and provide helpful therapy, then in the end our patients will benefit. Without them, this book would not have been possible.

Tübingen, Munich, and Tutzing

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