Like all of medicine, the specialty of dermatology is one that continues to expand and become more complex. The breadth of dermatology is already huge, and on top of that, names of conditions change, new diseases are identified, therapies for known skin diseases evolve, and new therapies enter the arena frequently. Moreover, skin disease is prevalent in all medical practices, and as health care providers, we are frequently asked about skin-related issues, whether disease or not, both in and out of our practices.

Globally, most skin disease is seen and managed by primary care providers, not dermatologists. Given the waiting times of most dermatology practices in North America, this arrangement must occur, as there is far more skin disease than there is capacity of skin disease expertise. In global regions where there are extreme shortages of specialists, general practitioners must become proficient in all areas of medicine, including dermatology.

This issue of *Medical Clinics of North America* is focused on assuring dermatologic proficiency. The topics here are chosen to help fill knowledge, practice, and performance gaps that many nondermatologists contend with on a regular basis. The guest editor’s, as well as several of the senior authors’, backgrounds as trained internists who later became academic dermatologists involved with training of internal medicine and dermatology residents, students of medicine, and practicing general physicians have guided these choices. Over many years, the same points of misunderstanding and patient management pitfalls have consistently arisen in the areas addressed in this volume.

The articles in this issue can be logically grouped, with calculated redundancy:

- Practical matters (topical therapy and skin procedures)
- Update in common diseases (skin cancer, atopic dermatitis, acne, nail diseases, and psoriasis)
- Systemic disease dermatology (rheumatologic skin diseases, psoriasis and its links to cardiovascular disease)
• Approaches to often vexing conditions (blisters, alopecia, hyperhidrosis, adverse drug reactions, and complex medical dermatology)
• Therapies in dermatology (topical, systemic nonbiologic, and biologic)
• Consultative support (teledermatology, consultative inpatient dermatology)

All of the authors are intimately involved with teaching and training in dermatology and so recognize the need to refresh and expand all health care providers’ skills in managing skin-diseased patients.

We believe that you will find this issue interesting, practical, and most of all immediately relevant for your practice of medicine.

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