



Dr. Wilmoth takes an expert view of a skin abnormality on the back of this patient's hand.

For Dr. Gregory Wilmoth of Southern Dermatology, in Raleigh, his medical journey began right here in the Triangle at the University of North Carolina in Chapel Hill.

“My undergraduate degree was in chemistry,” Dr. Wilmoth says, “followed by medical school at Bowman Gray School of Medicine at Wake Forest University, and an internship at North Carolina Baptist Hospital.” Dr. Wilmoth’s residency finally took him out of North Carolina, to the Mayo Clinic in Rochester, Minnesota.

Medical school and all the formal training may be where Dr. Wilmoth acquired the knowledge and skills to become a physician, but as he explains, it is his daily practice, his continued curiosity, and his love of both patient care and learning that has allowed him to stay proficient and enthusiastic about his chosen field.

“I think the most important aspects of my profession are more about maintaining proficiency than how you developed it early on,” he says. “Certainly, I learned a great deal during my formal medical training, but no one can remember everything forever. So it is imperative to understand developments in my chosen field. I need to

**For more information about skin conditions and their treatment, contact:**

**SOUTHERN DERMATOLOGY &  
SKIN CANCER CENTER**  
Gregory J. Wilmoth, MD  
Eric D. Challengren, MD  
Margaret R. Boyse, MD  
Laura D. Briley, MD  
Tracey Cloninger, PA-C

4201 Lake Boone Trail, Suite 200  
Raleigh, NC 27607  
Telephone: (919) 782-2152

**THE SKIN RENEWAL CENTER AT  
SOUTHERN DERMATOLOGY**  
4201 Lake Boone Trail, Suite 207  
Raleigh, NC 27607  
Telephone: (919) 863-0073  
[www.southernderm.com](http://www.southernderm.com)

## Caring for Your Skin: *the Impact of Digital Technology*

*“Huge breakthroughs in the use of targeted therapies for the immune system have completely revolutionized the treatment of psoriasis.”*

keep abreast of new knowledge and developments, to keep reading, to keep refreshing myself on behalf of every patient I see.

### TIME OUT FOR RESEARCH

“Actually, it’s very helpful when patient care questions arise that cause me to take a brief time-out to check the research, to determine all aspects of what the newest treatment might be for the presenting issue, or what options are available for this problem that weren’t available the last time I saw it walk into my office. It’s really seeing patients every day and wanting to make sure I’m providing the best and most relevant care that is the most helpful, is the impetus for staying abreast of fairly constant new developments in the broad field of skin care.”

Notes Dr. Wilmoth, “Changes over the last 25 years, particularly linking the areas of technology and medicine, have required health care providers to adapt to new ways of doing research and providing patient care. It used to be that when I needed to research a patient-care question, refresh myself on a disease process or go over a surgical technique, I would have to go the library. There was something called the *Index Medicus*, and it was put out monthly to index all the dermatological journals. I’d look in that, write down where the relevant journals were, walk into the stacks, pull the hard copy, and then spend Lord knows how long making notes or photocopies.

“Today, using the smart phone that has replaced the pager in my pocket, I can walk out of the room and tell my patients I’ll return in a matter of minutes. And that’s exactly what I will do: I’ll whip out my smart phone and review all the most current treatment options, any disease process, and get updated on the latest data in about three minutes. That, of course, is a stunning capability beyond imagination decades ago when I started out on this medical journey.

“Technology—and the Internet specifically—has created an environment where I stay proficient and current in my medical knowledge simply by providing patient care. Each patient I see may cause me to refresh my memory about one thing or another, or do a quick literature search wherein I get the most recent expert opinions distilled down for me in a matter of moments.

“What’s really great about that,” he continues, “is the exposure to so much new information allows me to have in the back of my mind something I may need to know about but not be completely versed in, while at the same time providing the resources at my literal fingertips to dig deeper into the areas that catch my attention.”

### TREATMENT CONCEPTS

One of those areas of interest Dr. Wilmoth mentioned, into which he spends his time digging deeper and continuing his education, is cancer research. “There’s so much happening in this area, and I’m only able to stay on top of

it all by the ease of information access,” he notes. “For example, a new concept in how we approach melanoma is now the consideration of using adjunctive chemotherapy,” he says. “So, for someone who comes in with a poor prognosis, or with lymph node involvement, there are now trials looking at treating with medications before the condition spreads.

“Discoveries have also been made in the use of medications for carcinoma which would otherwise be inoperable due to its depth or size. We now can use a pill to shrink these lesions and give the patient a better quality of life.

“Additionally,” he adds, “the huge breakthroughs in the use of targeted therapies for the immune system have completely revolutionized the treatment of psoriasis. When I began this medical journey, our goal with psoriasis was determining how best to manage a bad situation. Now, my psoriasis patients can live with clear skin in nearly all cases.”

### THERE’S VALUE IN THE BASICS

With the benefit of hindsight, Dr. Wilmoth says “the early original training I received that has been most helpful in my dermatology career is the work and study I did in pathology. I spent six months in pathology, and while I didn’t understand the totality of its value at the time, it’s become common to interpret pathological findings when engaging in patient care.

“In most circumstances, a biological sample, a biopsy for instance, is sent off to pathology and returned with a report prepared by a pathologist. This report details the findings of the pathological evaluation, and generally interprets they’re meaning. However, a skin sample is really only a piece of the picture.

“To be a really good dermatologist,” he explains, “you need to link the pathology and the dermatology together. I can get a report back that gives me valuable information, but it isn’t always the whole story. The information in the report may not match what I’m seeing on the skin, the nature or the progression of the condition, or may need to be interpreted in the context of some element of the patient’s history. As a physician, I feel that understanding both the pathology and the dermatology has informed me greatly over my career and allowed me to be able to do the best for my patients. With this understanding, I’m not always simply treating a report, I’m rather able to use a report to truly treat the patient.”

Dr. Wilmoth’s status as the first physician in the Triangle to offer Mohs surgery for the removal of cancerous lesions is a strong example of how his understanding of pathology has influenced his course as a physician. “Mohs technique is where we cut out the cancer, and then examine the margins under a microscope,” he explains. “By looking at the entire margin, as opposed to the traditional method of looking at one point on the top, bottom, and both sides, we are able to more reliably get the whole cancer while preserving as much healthy tissue as possible.

“I was interested and able to use this technique early in my career because I was both the physician and the pathologist, making available to my patients the very best treatment options and patient care.” 