

To the Editor:

I enjoyed reading the Schroeder et al article, "Academic Physicians' Attitudes Toward Implementation of Multidisciplinary Cosmetic Centers and the Challenges of Subspecialties Working Together," in the July 2012 issue (*Cosmet Dermatol.* 2012;25:327-332). The authors approached a topic that physicians across all specialties think about from time to time. There is no doubt that interspecialty competition has a big influence on the success of multidisciplinary cosmetic centers, and the same problem exists in private practices.

My only criticism is that the authors did not include my specialty, oral and maxillofacial surgery, in the mix. I realize that some institutions may not have oral and maxillofacial surgery residency programs and not every single oral and maxillofacial surgery program provides core cosmetic training, but the same could be said about the other specialties that were discussed in the article. An otolaryngology, plastic surgery, or dermatology program at one medical center may provide substantial cosmetic surgery training to its residents while it is nonexistent at another program.

Oral and maxillofacial surgeons first must finish dental school and

then are required to perform 4 to 6 years of hospital residency; according to the American Association of Oral and Maxillofacial Surgeons, approximately half of graduates also obtain a medical degree (written communication, January 2013). The medical and surgical training and rotations are commensurate with other specialties that provide head and neck services. Oral and maxillofacial surgeons are highly trained in the diagnosis, surgery, and management of comprehensive, functional, and aesthetic conditions of the head and neck. There is a high crossover rate between plastic surgery, oral and maxillofacial surgery, and otolaryngology services offered in most training centers, as well as a fair share of competition between these specialties for trauma, cancer, reconstruction, and cosmetic surgery.

The authors have presented an interesting article, and a study including *all specialties* that may offer cosmetic surgery services in an academic environment would be more inclusive and therefore informational.

Sincerely,
Joe Niamtu III, DMD
Richmond, Virginia

The author reports no conflicts of interest in relation to this article.

Authors' Response

Dr. Niamtu raises an important issue that leaves us feeling humble. The compartmentalization of physicians into separate specialties can make collaboration and communication difficult. The specifics of an interdisciplinary center would vary by institution, depending on the interest and availability of specialties that could participate, but a lack of existing interdisciplinary interaction leaves the potential for forgetting entire specialties and the potential for failure in taking advantage of the skills they bring. We are left wondering how many other specialties should be included and how many other physicians in other specialties have valuable skills and experience to share in an interdisciplinary cosmetic center.

Sincerely,
Robin E. Schroeder, BS
Michelle M. Levender, MD
Steven R. Feldman, MD, PhD
Winston-Salem, North Carolina

The authors report no conflicts of interest in relation to this article. ■