The Gift that Keeps on Giving

Our entire faculty is dedicated to the education of the next generation of physicians and in particular, dermatologists. This labor of love is the gift that keeps on giving to us individually and to society. For the faculty, it is very labor intensive, requiring lots of lecture preparation, patience, and towers of paperwork and bureaucracy to deal with. But none of us would have it any other way. Why? Although the reasons are countless and many are intangible, I will share the top ten reasons our faculty have dedicated themselves to academics and teaching:

1. The residents and medical students make us better. By asking us questions we need to stay abreast of the pathogenesis and therapy of the various diseases we treat.

2. We can never rest on our laurels. Everyday we need to prove ourselves as teachers and dedicated clinicians.

3. They make us better role models. We can never become sloppy in our style or quality of medical care we deliver.

4. They keep us young. Surrounding ourselves with young, fertile, inquisitive minds keeps us on our toes and youthful.

5. They ask questions that often stimulate excellent and thought provoking research projects.

6. They have young eyes and on occasion will see something we may have overlooked.

7. They have a unique, fresh perspective on our patients and on diseases they are learning about. We often thereby learn from them.

8. They are fun to be around because of their enthusiasm thus making every day more enjoyable and an exciting adventure for the entire staff.

9. Their enthusiasm for dermatology is contagious and reminds us daily why we chose this profession.

10. They will continue to care for patients long after we have stopped. And this is the ultimate gift to society that keeps on giving!

Next time a resident comes in the exam room before the attending physician, please welcome them as your future care giver. They are the best and brightest of our society and have worked extremely hard to be standing there trying to give you the best care possible. Their only motivation is to help you and to learn. - Jane Grant-Kels, MD
Acne Myths

1. **Acne is caused by dirty skin.** Acne is not caused by dirt. The blackness you may see on your face isn’t dirt, rather it is the result of skin pores that are plugged with shed skin cells and dried skin oils. Excessive washing and scrubbing of the skin won’t unplug those pores, but it may irritate and inflame your skin, causing the appearance of the plugged pores to be more obvious. The best approach to face cleansing is a gentle wash morning and night with an over-the-counter or prescription acne wash.

2. **You don’t need to treat acne, it will run its course.** Although not a life-threatening disease, acne can cause permanent scars, inside and out. And although most acne treatments take time to work, with regular skin care and consistent treatment, acne can be treated. It may take patience and persistence, but treatment will improve your skin. You don’t need to wait until you “grow out of it!”

3. **Tanning helps cure acne.** Although tanning may temporarily dry out your skin and result in a more even appearing skin tone, tanning is actually skin damaging and a sunburn will make the appearance of acne more obvious. Long term tanning will cause skin cancer and age your skin. Don’t do it!

4. **Popping and squeezing acne clears skin faster.** Squeezing acne pimples may be very tempting, but squeezing injects more of the pimple’s content into the skin than it releases, and the result can be deeper acne nodules and permanent scars. If a pimple is raised, red and tender, a warm compress for several minutes may be enough to gently release its contents without causing a more serious, long term acne or scarring problem.

5. **I need a pill to treat my acne.** Acne can present in many different forms, and not all forms of acne will get better with oral medication. Depending on the type of acne you have, your dermatologist may recommend a medication you take orally, or a pill in combination with topical treatment, or a topical treatment alone. Your dermatologist will examine your skin and listen to your concerns, then work with you to prescribe the best possible treatment for you with the goal of clearing your skin.

Research

**Acne Deep Skin Research**

Acne is a skin condition that plagues millions of teens, but anyone of any age can be affected. Skin symptoms may include open and closed comedones (blackheads and whiteheads), red bumps, pustules, and cysts. Most often these skin eruptions are on the face, but symptoms can also occur on the neck, chest, shoulders and back. Although extremely common, the exact causes of acne are unknown, and many questions remain about the causes and treatments for this common skin condition. Research has shown that the causes of acne may include factors of heredity and genetics, as well as diet, hormones and stress. Recent studies looking at the relation of diet to the development of acne have shown that although acne is NOT caused by food, certain foods can make some people’s acne worse.

**Western Diet** - The incidence of acne is high in ‘westernized’ communities and absent in people living in some native cultures where the diet consists mainly of fruit, vegetables, meat and fish, but no refined sugars or grains. Recent studies suggest that diets rich in high-glycemic index foods (refined sugars and grains) cause blood glucose levels to soar, triggering insulin production and hormonal fluctuations that cause excess sebum production and acne. Low-glycemic index diets (fruits, vegetables and protein) may help some people avoid acne flares.

**Milk** contains hormones and other bioactive molecules which are implicated in development of acne. Skim milk is the most comedogenic, and it is theorized the process of refining skim milk increases the bioavailability of those molecules.

Is diet alone going to prevent acne? Probably not, but if you notice some foods make your acne worse, try to avoid those foods. Instead of high-glycemic index foods such as soda, sugary snacks and junk food, try incorporating more low-glycemic index foods such as whole grains, (whole wheat breads, whole wheat and vegetable pastas, brown rice), meats, fish and vegetables. Your skin may be clearer for it!
Digital Mole Mapping
by Sarah Tessier, CMA

What is Digital Mole Mapping?
One of the many services offered at UConn Dermatology is digital mole mapping. Mole mapping involves taking total body digital pictures of your skin for analyzing potential melanoma and skin cancer risk. The photos are stored in our secure database and are done only once to establish a baseline. On follow-up visits, your database pictures are compared with the corresponding moles on your body. If the dermatologist notices any chance between the database picture and the corresponding mole, then he or she will consider whether the mole should be removed. This allows people with numerous and/or suspicious moles to avoid having them all surgically removed (biopsied). Instead, a mole only needs to be removed if a change is observed.

What happens during the appointment?
During a mole mapping session, the entire surface of a patient’s skin is documented photographically, therefore the patient will be asked to undress completely. Our trained staff will be sure to take the utmost care in both discretion at the time the photographs are taken as well as insuring confidentially and privacy. Upwards of 60 photos will be taken, so the appointment can last anywhere from 15-45 minutes. Once the photos are taken, the patient is free to leave. The medical assistant then downloads and organizes the photos. These photos will be reviewed with your physician at the patients next follow-up appointment.

Will my insurance cover digital mole mapping?
Typically, mole mapping is not a covered service by most insurance companies. The cost for this service is $295 and can be paid at the time of your mole mapping appointment. The patient may choose to submit to their insurance company for reimbursement.

How do I make an appointment?
If your dermatologist recommends mole mapping to you, or if you have a personal or family history of melanoma or skin cancer, feel free to call our office at for an appointment. These appointments are scheduled on Fridays and we have both male and female staff available for your convenience.

Digital mole mapping is rapidly gaining popularity as a tool for managing patients at high risk for melanoma. It not only contributes to early melanoma and skin cancer detection, it also benefits people who have numerous moles by preventing unnecessary biopsies. Call us today to discuss if you would be a good candidate for digital mole mapping.

Cosmetics

Our New Lasers are Here!
At UConn Dermatology, our licensed and certified medical experts offer you the latest and most effective treatments for removal of unwanted hair, pigmented and vascular lesions. And we have added two new FDA approved lasers to our Treatment Center:

**QuadraLASE** is a fractional therapy CO2 laser for skin rejuvenation that delivers many tiny dots of laser light in a unique pattern. This pattern helps reduce heat buildup in the skin during treatment. The QuadraLASE is effective in enhancing skin tone and texture, eliminating the effects of the sun and aging on the skin, smoothing lines and wrinkles, skin tightening and acne scars. Treatments may range from mild to aggressive based on the extent of the rejuvenation you’re looking for.

**AlexTriVantage** laser treats dermal and epidermal pigmented lesions and tattoos, including amateur and professional multiple tattoo inks. The effectiveness of the laser is dependent upon the age, location, depth and type of tattoo and pigmented lesions, as well as composition of the pigments. Pigments of the tattoo are selectively targeted without damaging the surrounding skin. Multiple sessions are required depending on the depth of the ink level.

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Awards and recent news within UConn Dermatology

Congratulations...

to Dr. Justin Finch - PGY3 who received a Resident International Grant from the American Academy of Dermatology to participate in a six week elective in Africa where the Education and Volunteers Abroad Committee (EVAC) is establishing dermatology support programs and teledermatology consulting services. He is the second resident within our program to receive this competitive and prestigious grant. Kudos to Dr. Finch!

A Big Welcome!

A big welcome to Dr. Jasmine Ahmedi who has joined our practice as an Assistant Professor. Dr. Ahmedi is now accepting new patients and referrals.

Diane Whitaker-Worth, MD

Dr. Whitaker-Worth is an associate professor of dermatology and associate residency director here at the University of Connecticut Health Center. She has been here since 1992. She is married and is a mother to four beautiful children. She completed her residency in dermatology at Brown University in Providence, Rhode Island. She has served as director of clinical education for many years and oversees a large number of medical students and internal medicine residents each year as they complete their required dermatology electives. She has also headed the monthly grand rounds program in our department. She enjoys seeing patients of all ages with a variety of skin problems as well as skin diseases in adopted children, especially children adopted internationally.

Michael Payette, MD - PGY 3

Dr. Payette is one of our six residents in the department. He earned an undergraduate degree in Biochemistry from Dartmouth College and completed his M.D and M.B.A. at the University of Connecticut School of Medicine and School of Business. Dr. Payette completed his first year of residency in Internal Medicine at Baystate Medical Center in Massachusetts. His clinical interests include melanoma, disorders of skin pigmentation, syringomas as well as granular parakeratosis. He also has interests in academics, finance and economics in health care.

Patient Services Representatives

Migdalia (left) and Maureen (right) are our Patient Services Representatives (PSR’s). Their roles are crucial to the overall day to day process of what makes our office run smoothly. They are in charge of assuring that all patient billing from our providers are coded and charged accurately for all treatments that are done here in our office. Robin (center) is the back up for Migdalia and Maureen and is also in charge of UConn’s Dialysis department billing as well as covering for other department PSR’s when they are away from their offices.