



UConn
Health
Center

Skin Deep



Autumn 2012 – News and information from the Department of Dermatology

CALENDAR

HARTFORD PSORIASIS NETWORK MEETINGS

November 2 & December 7 at 7pm
First Church of Christ,
12 S. Main St. West Hartford
Hartford Psoriasis Network
1-877-546-5558 x209
hartford@support.psoriasis.org

UConn DERMATOLOGY GRAND ROUNDS, 8 AM, WEDNESDAYS

November 7 & December 5
Dermatology Waiting Room
21 South Rd., 2nd Floor,
Farmington

UConn DERMATOLOGY JOURNAL CLUB, 12:15 PM, WEDNESDAYS

November 21 & 28 &
December 19 & 26
Dermatology Conference Room
21 South Rd., 2nd Floor,
Farmington

WE UPDATE OUR CALENDAR AND EVENTS ON A REGULAR BASIS. TO SUBMIT AN EVENT OR FOR MORE INFORMATION, FEEL FREE TO CONTACT OUR MAIN LINE AT 860-679-4600.

Letter from our Chairman

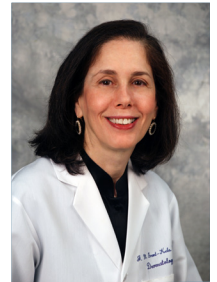
Giving: A Road to Find Happiness

- When my father died in 2006, I initiated a research and educational fund in his honor. In lieu of flowers or food I asked family and friends who loved him to contribute to the Dr. George H. Grant Melanoma Research Fund. I did this despite the fact that he never had melanoma. Why? Because my dad was the reason that I am a physician. When I was growing up in the 1950's and early 1960's, women did not routinely pursue serious careers. He always encouraged me to follow my dreams and to be the best that I could be. My Dad knew that my primary interest was in making a positive impact in melanoma and would have been thrilled to know he could be of help, even after death. And finally, because giving felt good, especially during a time when I felt I had lost so much. When my mom died in the spring of 2012, I repeated the same request which again helped me with the grieving process.

Recently I read a Reader's Digest (October 2012 edition) article entitled "Find Happiness". The author enumerated five steps to take toward a "sunny disposition". These included the usual recommendations, such as valuing relationships. However, I was surprised to read the 3rd step on this short list of 5: "spend money on others". This confirmed what had already been my experience. The author wrote that "those who'd shared the wealth felt much happier at the end of the day." Giving back to an organization or cause that is important to you actually serves two purposes: it helps the cause but as importantly, it makes the donor feel "happy"!

Several years ago my husband and I made a major financial pledge to the Dermatology Department at UConn. We did this because we were proud of the accomplishments of this outstanding group of clinicians, residents, educators and researchers. We wanted what was started in 1980 to remain strong and continue in perpetuity. And giving the gift made us feel good.

As the donor and recipient of the gift, I want to share with you how important these gifts are. They allow us to continue to care for the uninsured, to teach the next generation of physicians, and to help identify new information and therapies for diseases that plague our patients. Without endowments and donations, many of the things that attract care providers to academic medical centers could not be accomplished. Therefore I ask each and every one of us to ask ourselves, is the continued dermatologic health of the residents of CT important to us? And if the answer is yes, I hope that you will consider helping us and making yourself feel good!



- Jane Grant-Kels, MD



Skin of Color - Janelle Ricketts, MD, MBA



What is “skin of color?” What does it mean to practice dermatology in populations with darker complexions? Throughout the world race,

ethnicity, and skin color are terms used to classify different groups of people. Our world is becoming increasingly diverse as people are able to communicate, travel, and cross many social barriers. The possible combinations of race and ethnicity are numerous. People of many different backgrounds can be considered to have

“skin of color,” including people of Middle Eastern descent, Latinos, people of Caribbean descent, Native Americans, Asians, people of African descent, and people, including Caucasians, of mixed heritage. Given this wide span of race and ethnicity, “skin of color” could refer to a person of any race/ethnicity who experiences some degree of hyperpigmentation (as opposed to strictly sun-burning) in response to ultraviolet radiation exposure.

Certain conditions can present more commonly or differently in patients with darker complexions. Vitiligo, hair loss, pseudofolliculitis barbae (razor bumps), pigmentary disorders, keloids, skin cancer, and many other skin conditions can present differently in patients with skin of color. Vitiligo, a condition which results in the loss of skin pigmentation in the skin, can affect people to varying degrees. Most patients have a few areas of depigmentation but some people can develop widespread

depigmentation. This can potentially result in a less than cosmetically acceptable appearance to the skin and to potential social stigmatization. Fortunately, there are several available treatments for vitiligo, including prescription topical creams, ultraviolet light therapy, and lasers. Some patients may also use topical camouflage agents to provide a more even skin tone.

Skin type can also influence response to and choice of treatment. Certain lasers, for example, work better in patients with skin of color. Inflammatory conditions can leave residual hypopigmentation or hyperpigmentation in patients with darker complexions. In these cases, prescription creams can be provided to restore the skin’s natural color.

There is an increasing need for dermatologists who are aware of the particular concerns of patients with skin of color. The Skin of Color clinic at UConn hopes to address that.

 Nutrition



Nutrition and Skin - Meagen McCusker, MD

Skin is a window into our health and the foods we eat can have a marked influence on our overall health and our complexion. The foods that keep our hearts healthy, blood sugars stable and minds sharp are the same foods that produce vibrant skin. Five steps can help “feed our skin” from the inside out and slow down the degenerative process we call aging.

STEP 1 – REMOVE THE “AGE-ing” FOODS Advanced Glycated End-products (AGEs) are sugar-coated proteins that form in the body as a result of consuming excess sugar, high fructose corn syrup, white foods and processed carbohydrates. Avoiding these foods can help maintain the supple appearance of skin by protecting collagen and elastin—two proteins essential to the structural scaffold of a youthful face. Cloves and cumin are two spices that help reduce the levels of AGEs in the body.

STEP 2 – SUPPORT YOUR INTESTINAL IMMUNE SYSTEM Improving intestinal health can help reduce systemic inflammation. The beneficial bacteria lactobacillus and bifidobacterium known as ‘probiotics’ have been shown to improve many inflammatory conditions like acne, rosacea and atopic dermatitis. Consuming a high-grade, refrigerated, pharmaceutical-grade probiotic (20-50 billion colonies) nightly can help quell skin inflammation.

STEP 3 – EAT MORE FABULOUS FATS Proteins and fats make up the building

blocks of our skin. Consuming wild Alaskan salmon, sardines and nuts like walnuts, rich in eicosapentanoic acid and docosahexanoic acid, has many skin benefits. They help restore the skin barrier, protect collagen and elastin, reduce redness, provide a mild protection from the sun and give the skin a healthy luminescence.

STEP 4 – EAT FROM THE RAINBOW Rainbow foods contain a host of antioxidants and nutrients for the skin. Red foods like cabbage, grapes, wine and berries are packed with proanthocyanins which are 18 times more potent than vitamin C and 50 times stronger than vitamin E and help strengthen collagen. Orange and yellow peppers contain vitamin C and capsaicin, an anti-inflammatory substance that helps reduce itch. Kale and broccoli are low-glycemic carotenoids chock full of vitamin A. Broccoli also contains sulforaphane, a nutrient that helps the body detoxify cancer-causing chemicals. White tea and 85% cocoa dark chocolate contain 5 times the antioxidant power of green tea.

STEP 5 – SUPER FOOD TOPICALS Look for similar nutrients when choosing skin care. Vitamin A reduces fine lines and wrinkles, evens skin tone and texture. Vitamin C and E are skin brighteners, and protect collagen and elastin. Alpha-lipoic acid refuels vitamin C and E and reduces “AGEs”. L-carnitine and CoQ10 support the skin’s mitochondria, the “batteries” of the skin that keep it youthful.



Does a Vampire's skin sparkle in the sun?

- John B. Kelly, III, MD, PhD - PGY 2

His face was a strong...with lofty domed forehead, and hair growing scantily round the temples, but profusely elsewhere. His eyebrows were very massive, almost meeting over the nose, and with bushy hair that seemed to curl in its own profusion. The mouth, so far as I could see it under the heavy moustache, was fixed and rather cruel-looking, with peculiarly sharp white teeth; these protruded over the lips...the general effect was one of extraordinary pallor.¹

His skin, white despite the faint flush from yesterday's hunting trip, literally sparkled, like thousands of tiny diamonds were embedded in the surface.²

Though its origins lie in the European dark ages hundreds of years ago, the vampire myth continues to find a captive audience in the modern world. Whatever the reason—the quest for immortality, superhuman powers, or the fear of what's lurking in the dark—humanity finds the idea of a being that hunts, subsists on blood, and can spread its condition like a contagion fascinating. This is no less true in the medical field, where hypotheses and debates on the origin of “vampires” continue to smolder.

Physicians have been trying to reconcile the folklore description of vampires, perhaps best summarized in Bram Stoker's *Dracula* (1897), with a known disease for decades. Rabies, with its well-known neurologic symptoms of aggressive, psychotic behavior—including biting—was one of the first infectious causes hypothesized.³ Proponents cite the mode of transmission, particularly bites by bats (and other infected wildlife), as further supportive evidence⁴, while glossing over the disease's universally fatal course and general incompatibility with the portrayal of Count Dracula in Stoker's classic.

In the mid-1980s, Dr. David Dolphin suggested that the porphyrias, which are rare genetic disorders of heme metabolism, could be a source for vampires (and werewolves).⁵ Porphyrias are quite familiar to dermatologists, as they can cause severe skin blistering with sun exposure, abnormal extra hair growth (hypertrichosis), reddening of the teeth and/or mouth, severe scarring, and even fluorescence. Porphyria has been theorized as endemic in the Dark Age Eastern European aristocracy, due to a habit of continual inbreeding and intermarriage, contemporary to the vampire legend's beginning. Coupled with the horror stories of Vlad Tepes and Elizabeth Bathory, and reports that aristocrats would consume the blood of

peasants⁶ (perhaps as a treatment for the anemia some porphyria patient's suffer) it is not hard to see why Dr. Dolphin's theory has its supporters, although some find the rarity of the disease difficult to reconcile with the large number of reported vampire “sightings.”⁷

Another dermatologic disease proposed to explain vampirism is pellagra, which is a dietary deficiency of niacin and tryptophan.⁸ Sufferers of pellagra also exhibit a thickened, red skin eruption on exposure to sunlight, skin that can become very thin over time, with tongues and lips that are swollen red as well. The generally poor diet of average peasants, with a high reliance on corn, could have led to epidemic pellagra and the myth of “spreading” vampires, though no vampire legend ever mentions the diarrhea that accompanies niacin deficiency.

Whether there is one disease, or many, that factor into the vampire myth, one thing is clear: neither rabies, porphyria, hypertrichosis, nor pellagra produce skin that reflects sunlight like diamonds. Meyer's colorful description seems just the newest twist on a legend that has endured for centuries, though perhaps in a few hundred years physicians will be hypothesizing a disease or mutation to explain this bizarre skin finding.

References

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The gift that keeps on giving...

You can make a difference. Your gift to the George H. Grant Department of Dermatology Melanoma Research Fund will help the UConn Health Center make advances in the diagnosis, treatment and prevention of melanoma.

Every contribution toward the UConn Health Center benefits our patients and their loved ones. Gifts of any size are deeply appreciated.

Donors who make annual gifts totaling \$1,000 to \$25,000 are honored in the UConn Foundation's Leadership Giving Society.

Make your donation at: giving.uhc.edu.

Thank you for your generous support!

Have a question? Please contact Dina Plapler, vice president for development, at 860.679.8077 or dplapler@foundation.uconn.edu.



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Jochen Schäfer, MD

Dr. Schäfer is an assistant professor at UConn Dermatology. He joined the faculty in 2010 as a dermatopathologist after completing his combined fellowship in dermatopathology and cancer immunology at the University of Virginia. Prior to his fellowship, he trained at the University of California - San Francisco, at the Weill Cornell Medical College, and at Yale University. He is a graduate of the Eberhard Karls-University in Tübingen, Germany. Dr. Schäfer's interests include clinical dermatopathology, postgraduate medical education, and immune therapy of cancer, with particular emphasis on malignant melanoma research. This fall, the Board of Directors of the American Society of Dermatopathology appointed Dr. Schaefer to serve on its Mentorship Committee for a three-year term.



John B. Kelly III, MD, PhD - PGY 2

Dr. Kelly is currently a resident at UConn Dermatology. He graduated from the University of Rhode Island with a BS in Microbiology. He completed both his medical education here at the UConn School of Medicine as well as his PhD in Biomedical Sciences and Immunology. Dr. Kelly also completed his intern year at St. Vincents Medical Center in Bridgeport. His interests are photodermatology and the immune system's role in dermatologic disease. He is also currently involved in clinical research with Bruce Strober, MD, PhD. Outside interests include hiking, skiing, volleyball, yoga, reading, and visiting family in Rhode Island.



Deborah Bugryn, APRN

Debbie is our nurse manager and a newcomer to UConn Dermatology. She received her BSN and MSN from Western Connecticut State University, and obtained her APRN license in 2001. She is a certified Medical-Surgical Clinical Nurse Specialist as well as a Cardiovascular RN by the American Nurses Credentialing Center. Dermatology is a new area for her, as her background includes extensive cardiovascular nursing with several years of management experience. Prior to joining UConn, she was the assistant director of ICU and CVU at Waterbury Hospital, and prior to that, the director of Cardio-Pulmonary at Bristol Hospital. Debbie is excited about her new role here at UConn and is quickly learning dermatology. She currently lives in Watertown with her husband, four children and their dog.

