



CALENDAR

HARTFORD PSORIASIS NETWORK MEETINGS, 7 PM

April 9, May 7 and June 11
First Church of Christ,
12 S. Main St., West Hartford
Hartford Psoriasis Network
860-521-5103
hartford@support.psoriasis.org

UConn DERMATOLOGY GRAND ROUNDS, 8 AM WEDNESDAYS

April 1, May 6 and June 3
Dermatology Waiting Room
21 South Rd., 2nd Floor,
Farmington

UConn DERMATOLOGY JOURNAL CLUB, 12:15 PM

(Call 860-679-4600 for confirmed dates)
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

*D*ermatologists Burning the Midnight Oil

A friend and dermatology colleague of mine, Dr. Arni Kristjansson, gave me an article entitled “The Secret Lives of Doctors” written by Starla Fitch, MD that he read on the Huffpost Health Living website. The article related to the fact that most patients (if they are not related to a clinical physician) have no idea what the personal life of a physician is like. What do you think our dermatology doctors do when the lights go out? Do we live the lives of the doctors you see on the various evening soap operas? Also, many patients think dermatologists have it easy – no night call, no weekends, etc. Au contraire!

When our dermatologists go home at night, they are thinking about you! We worry about how our patients are doing. We often review the literature to see if we can come up with a better way to help you with your skin disease. In academics, we also go home and write articles and prepare lectures. We think about dermatology and our patients more than just the 10 hours a day when the lights are on at our office.

The other major misconception that most patients have is that we keep them waiting because we are on the phone with our stock broker, car dealer, making a reservation for dinner, etc. This is the furthest from the truth. We often get overbooked because of demand or because of patients with emergencies. It is not uncommon for us to not even have time to eat lunch or use the bathroom as we try to get through the day and care for all of our patients who need to see us professionally. We are not on the phone with friends, drinking coffee or telling jokes by the water cooler when you are patiently waiting to see us. We are doing our best to take care of as many of you as we can.

We even try to plan vacations, our own doctor appointments, and other personal commitments around when we are not booked heavily with patients so that we do not have to inconvenience patients by rescheduling their appointments. Also no matter what the day of the week or hour of the day, someone is on call, ready to help you if needed. How many times have our beepers gone off at family dinners, holiday celebrations, kids’ athletic games, or the middle of the night? More often than we would like to remember!

The bottom line is that we worry about you because we sincerely care about you. I often tell my patients I can never retire because I consider my patients my friends and even some an extension of my family. We sincerely care about you and want your biopsy results to be benign, rashes to resolve and surgical scars to be minimal!

We are grateful that you have chosen us to take care of you. Please know that we cherish the trust and faith you have in us and we take your health as seriously as our own and those we love!



- Jane Grant-Kels, MD



THERE IS A FUNGUS AMONG US

- S. BRETT SLOAN, MD

Fungi are everywhere. Athletes foot, ringworm, jock itch, yeast infections, diaper rash and many cases of thick yellow brittle nails are caused by fungi. There are approximately 1.5 million different species of fungi on our planet, but only about 300 of those are known to cause diseases in humans. Fungi live outdoors in soil and on plants and trees as well as on many indoor surfaces and on human skin. Most fungi are not dangerous, but some types can be harmful to our health.

Fungi usually make their homes in moist areas of the body where skin surfaces meet – between the toes, in the genital area, and under the breasts. Many such fungi live only in the top most layer of the skin, known as the epidermis. Obese people are more likely to get these infections because they have excessive skin folds. People with diabetes also tend to be more susceptible to fungal infections as well.

Fungal infections are contagious, which means they are spread from person to person. Close contact or sharing of clothing or hair brushes with someone who has a fungus can spread it from one person to another. Because they like warm, dark, and humid places to grow, public showers, pools, locker rooms, and even the warmth of shoes and socks can give the fungi the perfect opportunity to hide.

Fungal infections of the body are also known as tinea corporis and ringworm. It presents as an expanding red, scaly, and, oftentimes, itchy rash. Tinea pedis, or athlete's foot, presents as scaly skin colored to red

rash or as breakdown of the skin between the toes. It often has a distinct unpleasant odor. Onychomycosis, or fungal nails, frequently occurs as an extension of athlete's foot. It manifests as thickened brittle yellow nails that can result in lifting of the nail off the toe. It can also occur on the fingernails – usually from scratching affected feet or toes. Tinea capitis, or fungal scalp infections, usually occur in children and manifest as scaly and sometimes boggy areas of the scalp resulting in broken hairs and patches of baldness.

Oftentimes, the diagnosis of a fungal infection can be made by the clinical appearance alone. Sometimes, it can be confused with other skin diseases and definitive testing is necessary. A simple test your dermatologist may perform in the office is scraping some dead skin or nail on a slide and looking at it under a microscope. Sometimes, sending a sample to the microbiology lab is necessary.

The lab will try to grow it on a specific culture media to identify the type of fungus.

Treatment of fungal infections can be challenging. For small affected areas of the skin topical antifungal creams are very effective. For extensive skin infections, nail and hair infections, an oral antifungal medication is often necessary. These medications have a few potential side effects that your dermatologist will discuss with you prior to prescribing. They can also interact with numerous other medications, alcohol and even certain foods and dietary supplements so it is extremely important to have an updated list of your medications available for review. It is an exciting time for fungal nail treatment as there are a few new topical options that are devoid of the systemic side effects.





Tools of the Trade: “The Dermatologist’s Stethoscope” and Other Non-invasive Diagnostic Techniques for Detecting Skin Cancer

- S. Keena Que, MD, PGY3



Dermatoscopy

Cardiologists have stethoscopes to amplify the sounds of the heart and to help them detect subtle arrhythmias. One of the most commonly used tools by dermatologists here at UConn, the dermatoscope, would be considered the “dermatologist’s stethoscope.” How does it work? It provides 10x magnification of skin lesions and provides a light to better visualize these lesions. It also eliminates light reflection from your skin’s surface, giving your dermatologist a view of the skin analogous to the improved vision of a swimmer underwater wearing goggles (analogy borrowed from Phil Kerr, MD). Dermatologists are trained to recognize features under the dermatoscope such as abnormal blood vessels, irregularly distributed pigmentation, and other signs of skin cancer.

Digital mole mapping

In digital mole mapping, total body pictures are taken of the skin and stored in our secure database. This helps to establish a baseline skin exam. On subsequent visits, your dermatologist will view the pictures and compare the appearance of your moles to the baseline photos. Digital mole mapping provides a standardized method of screening for melanomas and atypical moles.

Oftentimes, however, a few photographs in the chart are sufficient. Digital mole mapping is most useful for high-risk patients with a personal or family history of melanoma or for patients with numerous and/or atypical moles. Digital mole mapping is not covered by insurance and usually requires a one-time payment of \$325 for photographs. On occasion, images need to be updated because of inherent changes in the skin over time. Ask your dermatologist if digital mole mapping is right for you.

MelaFind

The MelaFind device is a relatively new technology that collects information about your moles to a depth of 2.5 mm using 10 different wavelengths, from blue (430nm) to near infrared (950nm) light. None of the light waves are in the X-ray or ultraviolet light range. The computer analyzes the data and calculates a score that suggests whether the mole should be biopsied. There are some limitations to this device and not every mole fits the criteria. In most cases, your dermatologist will be able to examine your moles and use clinical judgment (perhaps with the help of a dermatoscope) to determine whether the mole looks benign or whether it looks like a melanoma. Anything that is suspicious for a melanoma will have to be removed.

On the other hand, if there is any uncertainty, if your mole has some atypical features but not quite enough to classify it as a melanoma, your dermatologist might consider using the MelaFind. The mole should be less than 6 mm and cannot be located on the palms, soles, genitalia, or mucous membranes if we plan on using this device. If interested, ask your dermatologist at UConn or call our office at 860-679-4600 for more information. This technology is also not covered by insurance and costs \$25 for the examination of each pigmented lesion.

Reflectance confocal microscopy

Reflectance confocal microscopy is a tool that provides non-invasive imaging of your skin with high resolution. It uses a low-energy laser in the near infrared range, in a similar manner to any standard light microscope. This, along with computer reconstruction, enables us to re-create a black-and-white image of your skin at the cellular level. This image can be used to detect atypical moles, melanomas, basal cell cancers, and squamous cell cancers.

While a skin biopsy is recommended for diagnosis in most scenarios, noninvasive imaging with reflectance confocal microscopy can be useful for sites difficult to access (such as the nail matrix) or for lesions on cosmetically sensitive areas (eg. a lesion on the face). Also, for patients with a history of atypical nevi who want to try to avoid a biopsy, this technique should be considered. If confocal microscopy suggests only benign features, you can avoid a biopsy altogether! That means no needles and no permanent scar. Currently, we are offering this service free of charge for lesions appropriate for evaluation by this technology. This is under the discretion of your dermatologist. If interested, please ask your dermatologist at UConn or call our office at 860-679-4600 to schedule a consultation visit.

Department News!!!

COMING MARCH 30TH!!!

Canton office will open, offering general dermatology and Mohs surgery.

Our department is pleased to announce the addition of new lasers for medical and cosmetic procedures. If you are in need of a consultation, please call our office.

Reminder for your skin...

With the arrival of Spring, remember to protect your skin from the elements of the sun. Keep sunscreen nearby for regular application on exposed skin and don't forget to wear a broad rimmed hat.

Tip of the Season

It's a good idea to schedule your yearly dermatology exam around a special life event (ie: birthday). This will remind you to keep your skin in check yearly.

For more information or to schedule an appointment, please contact:

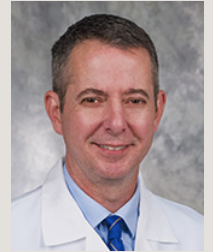
**UConn Dermatology Associates
21 South Road, Second Floor
Farmington, CT 06030-6231**

Main Line: 860-679-4600

Web: dermatology.uchc.edu

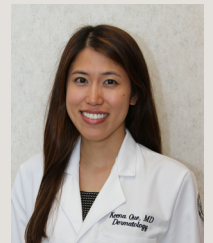
S. Brett Sloan, MD

Dr. Sloan completed his undergraduate studies in biology and mathematical statistics at the University of Alabama. He was commissioned in the United States Air Force and subsequently received his medical doctorate from the Uniformed Services University in Bethesda, MD. After tours as a special operations and senior flight surgeon in FL, UT, southwest Asia, and northern Italy, he completed his dermatology residency at Brooke Army Medical Center and Wilford Hall Medical Center in San Antonio, TX. Dr. Sloan has been with UConn since 2007 and is currently an associate clinical professor of dermatology at the University of Connecticut School of Medicine and an assistant clinical professor of dermatology at Yale University. He is the Newington Veteran Affairs hospital site director and is an assistant medical editor for the Journal of the American Academy of Dermatology (JAAD) and the editor-in-chief of JAAD case reports. His clinical interests include nail diseases, infectious skin diseases and non-surgical treatments of skin cancer.



Sybil Keena Que, MD PGY 3

Dr. Que is currently one of our second year dermatology residents. She graduated from the University of Pennsylvania with a degree in Biology-Neuroscience and then earned her medical degree at New York University School of Medicine. Dr. Que also completed her preliminary medicine internship there as well. She currently serves as chair of UConn's Resident Leadership Committee. Her current interests include medical dermatology, non-invasive imaging of the skin, dermatologic surgery, and cutaneous oncology.



Allen Meckowski Clinical Coordinator

Allen has been employed here for over 12 years. He started as a Medical Assistant and then became a clinical coordinator. Allen works with patients to address their concerns, covers the reception area when needed, orders supplies for the practice, edits provider schedules as needed and various other clinical administrative duties. He has been the recipient of several PAWS awards here at UConn Health throughout the years and we are very lucky to have him as a valued employee in our department.

