UConn Health Center

Skin Deep

Summer 2010 – News and information from the Department of Dermatology

CALENDAR

Hartford Psoriasis Network Meetings

July 8, August 12 & September 9th
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, 8am, Wednesdays

July 7, August 4 & September 1
Dermatology Conference Room
21 South Rd., 2nd Floor,
Farmington

UConn Dermatology Journal Club, 12:15pm, Wednesdays

June 23, July 21 & 28, August 18 & 25
& September 15
Dermatology Conference Room
21 South Rd., 2nd Floor,
Farmington

Office Closings:

Friday, July 2 and Monday, July 5
in observance of 4th of July
& Monday, September 6
in observance of Labor Day

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

In the May publication of ***Dermatology World***, Hartford was ranked number one in the nation as the most "sun-smart" city! The headlines read ***"Hartford, Conn., earns top bragging rights."*** I am not sure how often our capital city earns bragging rights or is ranked number one, but I can share this as a feel good moment for those in the field of dermatology and especially those of us who have worked hard to educate the community about the ills of skin cancer. This honor was awarded to Hartford after an online survey polled more than 7,000 adults in 26 US metropolitan cities "to determine their knowledge, attitudes, and behaviors toward tanning, sun protection, and skin cancer detection." The survey was conducted by RH Research of Chicago in January of this year. The cities were then subsequently assigned rankings based on the answers to several questions in each category. "Hartford respondents excelled in their knowledge of sun protection and the risks associated with tanning, scoring above the average of adults overall." Although this ranking is a tribute to all dermatologists in our community, one cannot overlook the contributions of the UConn Dermatology Department and Dermatology Residency Program's role. As one private practice doctor said to me: "This is a real feather in the cap of UConn's Dermatology Department." And I agree! Now we need to take our sun smart grade and make sure we all actually translate that into sun smart behavior. Now that the summer is here, we plan to educate the community on the proper use of safe sunscreens, sun protection clothing and avoidance of the midday sun.

- Jane Grant-Kels, MD

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Farmington, CT 06030-6230

UConn Health Center
KNOW BETTER CARE

Latest News . . .

Summer Time Feet
by Doug Albreski, DPM

As summer time approaches, we are exposed to many exciting trips and great times with family and friends. Exploring may also bring exposures to unwanted infections as our bare feet enter new territories and unexplored areas. Infections vary and can be viral, fungal or bacterial. Each of these infections poses a different risk and tends to involve different age groups. A foot checkup may help prevent some of these unwanted exposures and keep our feet happy during the summer time.

Viral infections, commonly known as warts, frequently are seen in children. Swimming pools are classic for spreading warts, due to their rough surfaces. The rough surface slightly breaks down the protective skin of the foot and easily allows the virus to take up camp and grow rapidly in its new home.

When warts grow on the bottom of the foot, they are called plantar warts.

Hotels and public showers offer another form of infection. Fungal infections, more commonly known as Athlete's foot, can cause itching and burning pain of the feet. They are usually picked up on carpeted or shower floors. The fungus usually starts between the toes and can easily spread to the bottom of the feet over time. If left untreated, these infections can lead to toenail changes, resulting in yellow, thick toenails. All age groups can be affected, but nail changes are more commonly seen in the older population.

The last type of infection is bacterial. This type of infection can be the most severe and urgent. A cut or puncture wound to the foot can introduce infectious organisms, especially around fresh water lakes or ponds. Any break in the skin should be addressed immediately with local wound cleaning and if necessary, medical care if signs of infection develop. Older individuals or individuals with diabetes are especially at risk and should check with their doctor after any break in the skin.

When you are packing for your next weekend adventure or family vacation, make sure to pack the appropriate footwear, such as water socks or flip flops, to keep those toes and feet protected and away from any unwanted guests. Have an enjoyable and safe summer and don't forget the sunscreen!

Research

Ticks and Lyme Disease

- What are symptoms of Lyme Disease? Lyme disease is a symptom of an infection carried by deer ticks. Untreated, the bacterium travels through the bloodstream and can cause a number of symptoms, some of which are severe. The first sign of infection is usually a circular rash called erythema migrans, which occurs in up to 90% of infected people. A distinctive feature of this rash is that it expands outward from the bite over the course of several days. Infections may be accompanied by fatigue, fever, muscle and joint pain, and swollen lymph nodes. Most cases of Lyme disease can be cured with antibiotics, especially if treated early. If left untreated, Lyme disease can cause serious health problems. ***- What is the best way to remove a tick?*** According to the Center for Disease Control and Prevention, the very best method for removing a tick from the skin is to use fine-tipped tweezers to grasp the tick as close as possible to the skin and pull up with even pressure. Avoid twisting or jerking the tweezers to prevent the embedded mouth parts of the tick from breaking off in the skin. After removing the tick, wash and disinfect the bite and your hands. Save the tick in a sealed envelope or plastic bag in case you get ill. Home remedies for tick removal such as covering the parasite in petroleum jelly or singeing its body with a hot match don't work and may even cause the irritated tick to secrete more potentially disease-transmitting saliva. ***- How can ticks be controlled?*** Some small-scale research have been effective using area-wide application of acaricides (chemicals that will kill ticks and mites) and elimination of tick habitats such as dead leaves and overgrown brush. New methods under development include applying acaricides to rodents and deer by using deer feeding stations in areas where ticks are endemic. Future research of biological controls using fungi, parasitic nematodes, and parasitic wasps may play important roles in the future control of the tick population. Community-based integrated tick management strategies may be an effective public health response to reduce tick-borne infections. Limiting your exposure to ticks, however, is the most effective method of prevention. When you are out doors on the lawn or in the woods, wear long pants tucked into your socks to prevent ticks from getting easy access to your skin. When you come indoors, it is important to carefully examine your skin in order to remove ticks before they have been on the skin for more than 24 hours.

Q&A

Sun Protection

by Meagen McCusker, MD - Chief Resident

For those sunny, summer days, smart sun protection is the key to healthy skin. Ultraviolet radiation contains both Aging UVA rays and Burning UVB rays, and can also lead to skin cancer. Incorporate smart sun-protective strategies into your daily routine to make summer both fun and safe. Opt for the shade (a tree or umbrella) when the sun's rays are the strongest (between 10am and 4pm) or sport sun protective clothing which is now more stylish. This is an especially smart choice for those that "loathe to lather," constantly "on-the-go," and for infants less than 6 months of age (for whom we don't recommend topical sunscreens.)

Apply your sunscreen by first choosing one with a sun protective factor (SPF) of 30 or greater. Apply it 30 minutes before getting dressed to allow for proper absorption. Reapply the sunscreen about 20 minutes later to make sure you have not missed spots and that enough of the sunscreen is applied. Use an ample amount (about a shot glass size for exposed areas.) Reapply every two hours especially after swimming or sweating. Remember that "water-resistant" and "very water-resistant" (formerly "water-proof") products are only effective for 40 and 80 minutes of water immersion, respectively.

Many formulations are available on the market and consist of chemical blockers (that convert the UV radiation into heat) and physical blockers (that act by scattering the light's rays). In regard to chemical sunscreens, choose a combination of avobenzone/octocrylene, which provides broad spectrum (UVA & UVB) coverage and resists degradation. Oxybenzone and octinoxate, recently recognized as possibly influencing estrogen and thyroid activities are not advocated. The physical blocking agents zinc oxide and titanium dioxide are a superior choice for all age,s 6 months and older, in regard to safety and efficacy and are also broad spectrum. Micronized versions of both agents reduce the white pasty appearance, are non-toxic and have not been shown to penetrate the epidermis (the outermost layer of the skin) in human trials.

Cosmetics

The process of aging...

often leaves its imprint on our faces. Sun exposure, laughing, worrying, and even smiling can damage the face tissues and alter our appearance. At the UConn Dermatology we can help reverse the signs of aging through the use of injectable cosmetic treatments. Each injectable may work differently, but they all achieve the same goal - reducing the signs of aging by diminishing facial expression lines.

How do neuromuscular-relaxer injectables work?

A neuromuscular-relaxer injectable treatment is an injection of tiny amounts of diluted product into the skin. No anesthesia is necessary. These purified protein injections temporarily reduce frown lines, forehead creases, crow's feet and expression lines that develop over time with everyday muscle activity. Neuromuscular-relaxer injections soften and relax wrinkles by temporarily preventing facial muscles from contracting. Full results are usually seen within seven days of treatment and can last for 4 to 12 months. With subsequent treatments, your lines and wrinkles appear less severe even after regaining facial muscle activity. This is because the muscles are being trained to relax. In addition, often the need for retreatment becomes less frequent over time.

How are dermal fillers used?

Over the years, our face loses its youthful fullness due to decreasing collagen, elasticity, and hyaluronic acid - the building blocks of vibrant, healthy skin. Signs of aging that can be treated by dermal fillers include the "laugh lines" around the mouth, hollow cheeks, thin lips, and down-turned mouths. At UConn Dermatology we offer products that give immediate results and minimal downtime. While dermal fillers are considered safe, all medical procedures carry some risk. Minor bruising, swelling, small lumps, and asymmetry may occur temporarily. When possible we advise avoiding aspirin, ibuprofen, and vitamin E prior to the procedure to help minimize bruising.

How long do the results from fillers last?

Depending on the type of filler used, results may last from four months to approximately two years, and can be repeated when needed. We provide guidance to the most appropriate filler depending on the depth of the wrinkles and lines, and the specific area of the face to be contoured.

Highlights

Awards, New Faces and Fond Farewells within UConn Dermatology

Congratulations to our providers on their awards and honors:

"Connecticut Magazines Top Docs - 2010"

Douglas Albreski, DPM	Podiatry
Mary W. Chang, MD	Dermatology
Jane M. Grant-Kels, MD	Dermatology

"D.R. T.E.A.C.H.E.R. Award"

Congratulations to Philip Kerr, MD who is the first recipient of the D.R. T.E.A.C.H.E.R. award, presented to him on June 15th at UConn's Dermatology Residency Graduation. The acronym stands for: Dermatology Residency Top Educator Award for Commitment and Hours Spent in the Education of Residents. Recipients are chosen by the graduating Chief Residents. Keep up the good work Dr. Kerr!

A Big Welcome!

We welcome the following PGY 2 Dermatology residents: Julia Anderson, MD and William D. Holmes, MD. They will begin their residency at UConn on July 1.

We also welcome the following faculty members to our practice:

Jun Lu, MD	Assistant Professor
Katalin Ferenczi, MD	Assistant Professor
Jochen Schäfer, MD	Assistant Professor

Good Bye and Best Wishes!

We wish our first two graduating residents, Drs. Melinda Jen and Douglas Leone all the best in their professional careers. Both are completing their dermatology residency at the end of June. Dr. Jen will be heading to California to complete a Pediatric Dermatology Fellowship, while Dr. Leone will start private practice in Illinois. Best of luck!

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**

Who we are

Douglas Albreski, DPM

As an Assistant Professor of Dermatology Department, Dr. Albreski is our podiatrist who joined UConn in 2001. He is a graduate of the Ohio College of Podiatric Medicine. He completed his residency training at the Rotating Hospital Based Podiatric Residency Program of the Newington VA Medical Center. Dr. Albreski is board certified by the American Board of Podiatric Orthopedics and Primary Podiatric Medicine. He is the Director of Podiatric Dermatology Services and Co-Director of the High Risk Foot Clinic. Dr. Albreski specializes in skin surgery of the foot, wound care, diabetic foot complications as well as all problems of the foot. He is actively involved in research related to diabetic skin disease, fungal infections and eczematous dermatitis.

Janelle Ricketts, MD - PGY 4

Dr. Ricketts is currently transitioning to Chief Resident, effective July 1st. She earned an undergraduate degree in Biology from Harvard University and completed her M.D and M.B.A. at the University of Connecticut School of Medicine and the School of Business. Dr. Ricketts completed her first year of residency in Internal Medicine at UConn as well. Her clinical interests include dermatopathology, melanoma, novel treatments in psoriasis as well as the role of PUVA in various dermatologic conditions.

Dermatopathology Histotechnologists & Lab Assistants

A truly vital part of the Dermatology Department, this crew consists of 10 histotechnologists and two assistants. The 'Lab' as we refer to it, operates from 5am till 6pm, Monday through Friday. They receive about 40,000 skin specimens a year ranging from benign skin tags to malignant melanomas. The technicians are responsible for measuring the specimen and making note of any pigment or any characteristics about the specimen seen with the naked eye.