UConn Health Center

Skin Deep

Summer 2012 – News and information from the Department of Dermatology

CALENDAR

Hartford Psoriasis Network Meetings

August 10 & September 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

September 5
Dermatology Waiting Room
21 South Rd., 2nd Floor,
Farmington

UConn Dermatology Journal Club, 12:15 PM, Wednesdays

August 15 & 22 & September 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

My mother died on April 20th after a long illness. Although her journey of illness was long, arduous and filled with incredible bravery, a will to live and resilience, the end came quickly after a fall. Once she fell and broke her pelvis, she gave up the battle, signed herself out of the hospital against medical advice and stopped eating and drinking. Despite my protestations, she had had enough. She died at home, in my arms, surrounded by her memories and belongings just as she wanted. The day before the funeral, my son in law used an excel program and shared with us that my Mom lived 32,250 days, the exact same number of days as my Dad who had died almost six years earlier. This gave me hope that they are together again and that my Dad had called her home to him.

An illness of a loved one and certainly the death of an adored mother is a rude awakening. This is not a rehearsal. It is a life lesson to live our lives well and to help others along the way. Being a patient or a family member of a patient teaches us that all of us who work in health care need to be kind, sensitive, and tender to our patients no matter whether we are the doctor, receptionist, nurse, medical assistant, etc. Each of us is playing a vital role in the care of the patients and we need to treat them as we would want to be treated.

At my Mother's funeral, I spoke about her physical beauty as well as her incredible inner beauty and her ability to make everyone she met feel special. I also read a poem written by Merritt Malloy that a friend of my Mom's modified and shared with her before she died:

"When I die, give what's left of me away to children and old ones. And when you need me, put your arms around someone and give to them what you would like to give to me. I want to leave you something, something better than sounds or words. Look for me in the people I've known or loved. And if you cannot give me away let me live in your eyes and in the way you live your lives. You can love me most by letting hands touch hands, by letting bodies touch bodies, and by letting go of children who need to be free. Love doesn't die, only people do. So, when all that's left of me is love, give me away."

- Jane Grant-Kels, MD

Cosmetics

Sunscreen for All

Patients often ask how to treat the facial wrinkles and discolorations that seem to accompany aging. The fact is that most of these skin changes are the result of exposure to the ultraviolet (UV) light radiation that is part of sunlight. UV radiation contains both aging UVA rays and burning UVB rays. Overexposure to UV rays can lead to sunburn, skin cancer, and accelerated skin aging.

New FDA guidelines for sunscreen labels will help provide more accurate information about the product's intended benefits. It is important to read both the front and the back of the label in order to choose the best product. Sunscreen products that protect against both UVA and UVB skin damage will be labeled "Broad Spectrum" and "SPF (Sun Protection Factor) 15" (or higher) on the front. The back label will state that sunscreens labeled as both "Broad Spectrum" and "SPF 15" (or higher) not only protect against sunburn, but, if used as directed with other sun protection measures, can reduce the risk of skin cancer and early skin aging. For these broad spectrum products, higher SPF values also indicate higher levels of overall protection.

Sunscreen products that are not broad spectrum, or that are broad spectrum with SPF values from 2 to 14 will be labeled with a warning that reads: "Skin Cancer/Skin Aging Alert: Spending time in the sun increases your risk of skin cancer and early skin aging. This product has been shown only to help prevent sunburn, not skin cancer or early skin aging."

Water resistance claims on the product's front label must now tell how much time a user can expect to get the advertised SPF protection while swimming or sweating. "Water-resistant" and "very water-resistant" (formerly "waterproof") products are effective for about 40 and 80 minues of water immersion, respectively.

We recommend sunscreen with a (SPF) of 30 or greater, applied 30 minutes before dressing and reapplied about 20 minutes later to make sure no areas have been missed and that enough sunscreen has been used. An ample amount of sunscreen to use per application is one ounce (about a shot-glass size) for sun exposed areas. Reapply every 2 hours and after swimming or sweating. Remember, it is safer, easier and less expensive to prevent sun-induced skin damage than it is to treat the effects of UV radiation.

Research

Psoriasis

Psoriasis is a chronic inherited disease affecting as many as 7.5 million Americans. It is commonly diagnosed in young to middle aged adults, but children and the elderly can also develop the condition. Although the exact cause of psoriasis is unknown, it is believed that both genetics and the immune system play a role in its development. If a person has a genetic predisposition, a "trigger" such as stress, dry winter weather, certain medications, skin injury, or strep infections can activate an immune system cell called a T cell, resulting in an immune mediated response causing skin cells to be produced much more quickly than they can be shed. The result is thick, red, scaly, itchy patches to develop on the surface of the skin.

There are different types of psoriasis:

- Plaque is the most common form, affecting about 80 percent of patients and causing the characteristic thick, red and scaly plaques that are often itchy.
- Inverse psoriasis causes red, shiny patches in skin folds can be painful.
- Guttate psoriasis often occurs after a sore throat. It manifests as small, uniform, red or salmon colored spots that may have very fine scale.
- Nail psoriasis can affect the fingernails and toenails. At first, tiny pits may develop but as the condition worsens, the nails can become thick, loose and crumble.
- Pustular psoriasis is characterized by collections of tiny pus-filled blisters. Pustules can be localized to the hands and feet but can also develop all over the skin and become severe but rarely, life-threatening.
- Erythrodermic Psoriasis is rare, but can also be life-threatening. The entire surface of the skin sheds and appears very red.

Up to 30 percent of patients with psoriasis may develop psoriatic arthritis, a chronic inflammatory condition of the joints that can cause swelling, stiffness and pain. The symptoms are often worse first thing in the morning or after prolonged sitting. Psoriatic arthritis can lead to chronic pain and disfigured joints.

Although there is no known cure for psoriasis, there are many new treatments and active research to help us understand and treat the disease. If you have psoriasis or psoriatic arthritis, your dermatologist can help you learn about the condition and the treatment options that are best for you.

Melanoma

- Michael Horwich, MD, PhD - PGY 3

How is melanoma different from other skin cancers? Melanoma is a skin cancer derived from melanocytes, specialized cells in the skin, eyes, middle ear, and central nervous system that make a brown pigment called melanin. Although Melanoma is less common than basal cell and squamous cell skin cancers, it is much more dangerous and often deadly, due to its high tendency to spread to distant parts of the body (metastasize) if left untreated and its resistance to treatment once it spreads beyond the skin.

All skin cancers including melanoma are more likely to occur in people with: fair skin that burns easily or freckles rather than tans, blond or red hair and blue, green or gray eyes, and with a history of many severe or blistering sunburns. Melanoma however, is also more likely to occur in people with greater than 50 moles or a history of "atypical" moles.

What does melanoma look like? Because melanoma is a tumor of melanocytes it is usually identifiable as a brown pigmented lesion with specific features that distinguish it from common moles (also known as "Nevi"). Melanoma may develop in existing moles or appear as a new, growing mole. The American Academy of Dermatology recommends monthly monitoring of your moles for "the ABCDE's of melanoma" to identify melanomas early, when the cure rate is nearly 100 percent:

Asymmetry – One half is unlike the other half.

Border – An irregular, scalloped, or poorly defined border.

Color – Is varied from one area to another; has shades of tan, brown, or black; is sometimes white, red, or blue.

Diameter – Melanomas are usually greater than 6mm (the size of a pencil eraser) when diagnosed, but they can be smaller.

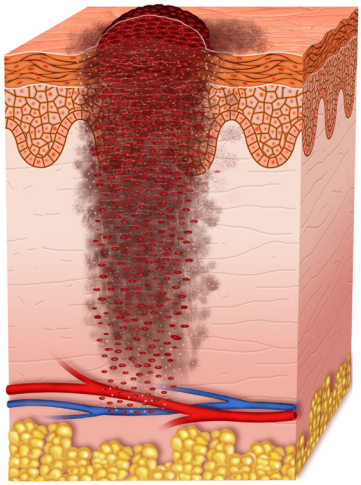
Evolving – A mole or skin lesion that looks different from the rest, or is changing in size, shape, or color.

Occasionally a melanoma can itch, bleed, or be painful. They can also appear as a dark streak under a fingernail or a bruise that doesn't heal. If you have moles that meet any of these criteria you should have them examined by your doctor or a dermatologist.

How is melanoma diagnosed? First a dermatologist will take a close look at any suspicious lesions. He or she may use a handheld "microscope" called a dermatoscope to look for patterns that help differentiate melanoma from benign lesions. If warranted the dermatologist will do a skin biopsy for definitive diagnosis. A skin biopsy is the only way to diagnose melanoma. Newer technologies that will become available very soon here at UConn Dermatology will include confocal microscopy and computer analysis of lesions that examine a lesion still in the skin and may give us the diagnosis avoiding unnecessary biopsies in the future.

How is melanoma treated? Depending on the depth of the melanoma in the skin your doctor may recommend a surgical excision with adequate margins. If margins are clear of tumor cells this is curative in most cases. Melanoma that has spread to distant parts of the body may be treated with surgery plus radiation, chemotherapy, and new biologic immune or genetic based therapies.

New treatments for melanoma have been in the news. Does this mean that metastatic melanoma can be cured? Melanoma has traditionally been a cancer with very minimal response to available chemotherapy drugs. There are two new drugs that have been approved for melanoma in the last year, Vemurafenib and Ipilimumab. Vemurafenib can be used in ~60 percent of patients with metastatic melanoma who have a "BRAF" genetic mutation. About half the patients have some response, but the response only lasts 6 months on average. ~10 percent of metasatic melanoma patients respond to Ipilimumab with response lasting about 1 year on average. While these two new drugs can be helpful for select patients, metasatic melanoma remains an extremely deadly disease. Sun protection, early detection, and removal of melanoma lesions are still our best lines of defense.



Highlights

Awards and recent news within UConn Dermatology

Congratuations...

to Dr. Justin Finch and Dr. Michael Payette who have recently graduated from our residency program. Both will continue here at UConn Dermatology as sssistant professors and see patients in our department. Dr. Finch will also be the director of clinical photography and Dr. Payette will go on to be the assistant residency director. We wish the both of them much success in their future lives as dermatologists.

Connecticut Top Docs

Congrats to our recent Top Docs:

Dr. Jane Grant-Kels Dr. Marti Rothe Dr. Doug Albreski

Correction...

In our last issue, we listed our new nurse manager, Deborah Bugryn as an RN, but she should have been listed as an APRN. We apologize to Deborah for this oversight.

Summer time!!

We all love going to beach, the lake, or gardening in our back yards, but we need to be aware of what time of day is best to do outside activities in the summer. Certain times of the day do more harm to our skin than others. If you plan on doing outside activities, early morning or towards the evening are best. If you do plan on being outside during the hours of 10 am and 3pm, be sure to wear a hat and always wear sunscreen with SPF 30 or higher. Stay in shaded areas as much as possible, avoiding the suns rays. Be especially careful on cloudy days as they too will cause you to burn if you are not careful. For adults and children, be sure to reapply sunscreen as noted. Staying sun smart during the summer will help you enjoy the long days that this season has to offer.

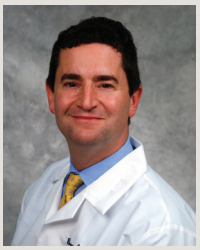
For more information or to schedule an appointment, please contact:

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

Main Line: 860-679-4600 **Web: dermatology.uchc.edu**

Who we are

Bruce Strober, MD, PhD



Dr. Bruce Strober is an associate professor here at UConn. He graduated from Columbia University for both his MD and PhD (Medical Scientist). He went on to complete his dermatology residency at New York University and his Dermatopharmacology fellowship there as well. Dr. Strober's areas of interest and expertise are inflammatory diseases of the skin with particular interest in psoriasis. He is well known nationally for his expertise and treatment of psoriasis. He is the director of Clinical Trials at UConn Dermatology.

Michael Horwich, MD, PhD - PGY 3

Dr. Michael Horwich is currently a resident at UConn Dermatology. He graduated from Dartmouth College with a BA in Biochemistry and Molecular Biology. He completed his medical education at the University of Massachusetts and his PhD work in the laboratory of Philip Zamore studying the mechanism of small RNA gene silencing (RNA Interference). Dr. Horwich enjoys dermatologic surgery and medical dermatology. His interests are broad, with a focus on small RNA biology and therapeutic applications in dermatology. He is also working on a clinical study for treatment of Erythematotelangiectatic Rosacea. He enjoys outdoor activities with his wife, newborn daughter, and his two dogs.

Gloria Borders, RN, MPH, CCRP

Gloria has been with UConn for 26 years. She received her nursing degree from St. Francis Hospital, her master's degree from UConn and is a Certified Clinical Research Professional from the Society of Clinical Research Associates. She currently works with Dr. Bruce Strober, coordinating all aspects of clinical trials in Dermatology, including regulatory requirements, recruitment for trials, patient visits, documentation, and record keeping. Clinical trials now are mostly focused on psoriasis and psoriatic arthritis but will include other dermatologic conditions as the Dermatology research department grows.