

Skin Deep



Summer 2015 – News and information from the Department of Dermatology

CALENDAR

HARTFORD PSORIASIS NETWORK MEETINGS, 7 PM

August 13 and September 10

**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

**August 5, September 2
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

Silver Linings: Final Thoughts from a 65 year old Chair

“Gray Hair and Silver Linings” was an editorial by Frank Bruni published in the The New York Times on Sunday, November 9, 2014. As my hair is silver (hiding beneath my dye “job”) and my 65th birthday has past, I read this article with great interest and found it touched a chord.

The author of the article is only fifty, which looks young from my perch. He was recounting a “wake-up” episode he recently experienced in the waiting room of a dermatologic surgeon about to have a “baby” skin cancer removed from his back. He observed other patients in the waiting room reminiscing about their many skin cancer scars that they attributed to too much tennis and golf. This episode caused the author to reminisce about aging both physically and emotionally as “lost ambitions” and “lost margins for error”. He juxtaposed these losses by the gains in perspective that come with aging. As we age, we expect less of others and ourselves and try to overlook flaws, pettiness, and disappointments while stressing pleasures and successes.

In January I turned 65 and entered what is referred to as the senior citizen category with membership in Medicare, discounted bus tickets, and Social Security options. Some will say it is just a number. I disagree. For the first time in my life, I get tired. Sometimes I have a hard time remembering names of people, movies, books, etc. And I am often filled with regret for mistakes of my youth which can likely now never be recovered and are now a cause of personal sorrow and shame. Silly misunderstandings with friends and relatives that resulted in a break in communication, words of love and caring not said to those who are no longer with us, squandered opportunities to pursue things that would have been fulfilling and fun but for which I felt I did not have time, and demands of near perfection from myself and those I love, all are now a source of simultaneous whimsical humor and sorrow. There is no time machine that will allow me to go back and make things right.

In the third and final act of the play, *Our Town*, by Thornton Wilder, one of the characters, Emily, has died and is being buried. She decides to go back and relive part of her life despite being advised not to do so by the other souls in the cemetery. Emily revisits the morning of her 12th birthday. She watches the scene as an observer and for the first time notes her parent’s youth and the beauty as well as transience of everyday family life. Emily appreciates the mundane everyday life while the other living characters in this scene do not, just as she did not at the time.

For my birthday gift to myself, I decided to step down as chairperson of the Department of Dermatology and work only half time so that I would have more time for my family and friends. This was not an easy decision as I love this department and UConn. However, I need this time for myself and for those I love. I will try to “not sweat the small stuff” and enjoy the joys and rhythm of everyday life. I will take advantage of my new perspective and allow myself to relish the good things that I am able to experience every day. I will tell my husband, children, grandchildren and friends that I love them at every possible opportunity (and hopefully not be considered inappropriate). And I will try not to expect more from them and from life other than to be loved in return by those I love. Wish me luck!

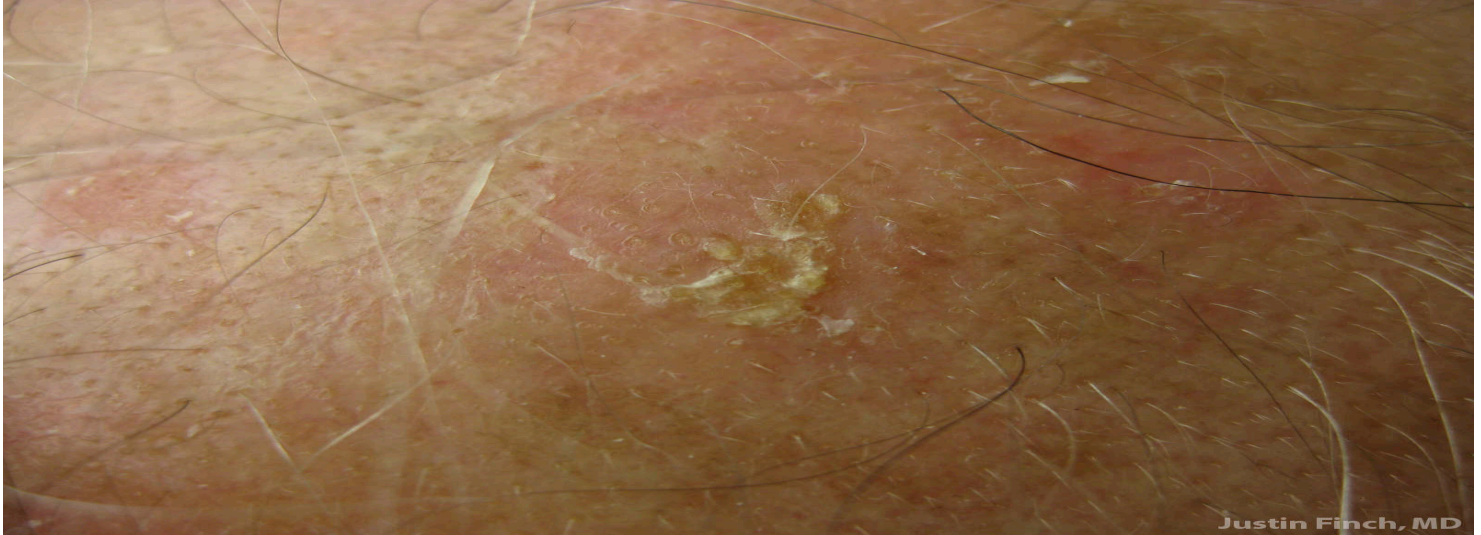


- Jane Grant-Kels, MD



ACTINIC DISEASE

- NICOLE COTE MD



Justin Finch, MD

“Actinic keratosis”, or “AK”, is a premalignant skin lesion most commonly from sun exposure that classically develops on a sun exposed site after decades of normal daily activity. These are red, tan or brown scaly patches and plaques a few millimeters in diameter to centimeter long sheets. They can arise in either a spontaneous or an indolent fashion and generally follow a waxing/waning course. At present more than 58 million Americans have actinic disease¹.

Symptoms are varied. The presenting concern can be that of dry skin, sensitive skin without scale or inflamed tender rash. Men who have noted a slow increase in sensitivity when shaving are a classic but subtle group of patients with this presentation. When questioned many of these patients will mention that hydrocortisone cream or moisturizing lotion helps on occasion.

While not all skin cancer arises from visible actinic disease, an actinic keratosis is the earliest physical sign we have for sun induced dysplasia arising in keratinocytes². The rate of transformation of an actinic keratosis to cancer is difficult to measure but estimates range from 0.25%-20%³.

Regression is possible, as is recurrence, but estimates of rates vary widely^{3,4} and probably have much to do with genetics, sun exposure over the last few years, and immune surveillance. Indeed, the waxing and waning of actinic disease can be thought of as the staccato forward movement of a running car in gear while both the gas (acute on chronic sun exposure, faulty immune surveillance with age or with organ transplant, accrued DNA damage) and the brake (natural skin shedding over a month’s time, general immunocompetence, sun protection, youth) are depressed.

Referral to a dermatologist may be helpful in coordinating care of patients who have individual lesions that recur despite treatment or when the patient develops a net increase of lesions over time.

REFERENCES:

1. Actinic Keratosis. Retrieved September 24, 2014 from <http://www.skincancer.org/skin-cancer-information/actinic-keratosis>
2. Micali G, Lacarrubba F, Nasca M, Schwartz R. Topical pharmacotherapy for skin cancer. *J Am Acad Dermatol* 2014;70:965e1-12.
3. Werner RN, Sammain A, Erdmann R, Hartmann E, Stockfleth E, Nast A. The natural history of actinic keratosis: a systemic review. *Br J Dermatol* 2013;169:502-18.
4. Schmitt AR, Bordeaux JS. Solar keratoses: Photodynamic therapy, cryotherapy, 5- fluorouracil, imiquimod, diclofenac or what? Fact and controversies. *Clin Dermatol* 2013;31:712-717.



Stay Safe in the Sun - Don't Get Burned!

- Ammon Larsen, PGY3



Summer is here, which means kids will be spending more time playing outside. It's important for kids to have fun, but also be safe as they play outdoors during the warm summer months. Just a few sunburns as a child can increase the risk of skin cancer and early skin aging later in life. One way for kids to stay safe is for parents to protect their skin from the harmful effects of the sun. Here are a few tips that can be done to help protect your child from the sun. These are useful tips for adults too!

Dress in protective clothing: Long-sleeved shirts and long pants offer better protection. Brightly-colored clothing and darker colors are better and clothing made from tightly woven fabric offer more protection. Sun protective clothing can be purchased in all sizes for kids and adults at many retail outlets or can be purchased online. Wet T-shirts offer less protection than dry ones. Your child should wear hats when possible to cover their head and neck. Hats that shade the ears, neck, scalp, and face should be worn whenever possible. Baseball caps offer less benefit as they don't cover the ears or neck. Sunglasses that offer both UVA and UVB protection should be worn to shield the eyes from UV damage.

Avoid the sun and seek shade: The sun is most intense between 10 AM – 2 PM. Your child's sports, practices, and other activities should be scheduled at alternate times to avoid the sun during these peak hours. If possible, plan indoor activities during this time or seek shade under an

umbrella, tree, or a tent. Extra care should be done near sand or water because these reflect and intensify the sun's rays.

Apply sunscreen: Choose a sunscreen with an SPF (sun protection factor) of 30 or higher. A sunscreen with "broad-spectrum" protection against both UVA and UVB rays should be used. Look for the words "water resistant" on your sunscreen. This means that sunscreens are more likely to stay on wet or sweaty skin; however, water resistance only lasts 40-80 minutes and should be reapplied after getting out of water. If the sunscreen is too irritating to your child's skin, choose a sunscreen that acts as a physical blocker with an active ingredient of titanium dioxide or zinc oxide. Sunscreen should be applied 20-30 minutes before going outside. Apply a generous amount using at least 1 ounce to cover all exposed areas. Don't forget about the commonly missed areas, such as the ears, neck, shoulders, hands and feet. Reapply approximately every 2 hours, even on cloudy days. Reapply sooner if your child is sweating or is swimming.

Every child needs sun protection, regardless of their skin tone. These are some general tips to help protect you and your child from the sun. Have a fun and safe summer! Don't get sunburned!

YOU CAN MAKE A DIFFERENCE!

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

Every contribution toward UConn Health benefits our patients and their loved ones. Gifts of any size are deeply appreciated. Donors who make annual gifts totaling \$1,000 - \$25,000 are honored in the UConn Foundation's Leadership Giving Society.

Make your donation at:
giving.uchc.edu

For questions, contact:
 Amy Chesmer, UConn Foundation,
 860-679-1122, achesmer@foundation.uconn.edu

Thank you for your generous support!

Department News

NEW SATELLITE OFFICE

The Canton office located at 117 Albany Turnpike is open, offering general dermatology and Mohs surgery.

Class of 2015

Dermatology Residency Graduates:

John B. Kelly, MD, PhD

Mona Shahriari, MD

Procedural Dermatology Fellowship Graduate:

Logan D'Souza, MD

We wish you all much success in future practice and hope that your time here at UConn has been memorable.

We welcome our new residents and fellows to our department:

Sam Awan, MD - PGY 2

Anthony Chiravallotti, MD - PGY 2

Caroline La Rosa, MD - PGY 2

Kenneth Galeckas, MD - PGY 5

We look forward to teaching you!

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

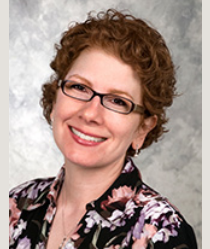
**UConn Dermatology Associates
21 South Road, Second Floor
Farmington, CT 06030-6231**

Main Line: 860-679-4600

Web: dermatology.uhc.edu

Nicole Cote, MD

Dr. Cote joined our practice in 2014. She is on faculty here and is our Mohs micrographic surgeon anchor in Canton. Originally from Long Island, she received her MD degree from Duke University Medical Center and attended Virginia Commonwealth University Health Systems residency in dermatology. She then pursued a dermatopathology fellowship at University of Virginia followed by her procedural dermatology/Mohs fellowship at Virginia Commonwealth University Health Systems. Dr. Cote then was recruited to Wisconsin where she helped to set up a Mohs practice for the largest multispecialty group in the Mayo Health System network. Needing to be closer to family, Dr. Cote returned to the East Coast after three years.



Ammon Larsen, MD PGY 3

Dr. Larsen is currently one of our second year dermatology residents. He graduated from Utah State University with a Bachelor of Science in Biology. He then earned his medical degree at the Penn State College of Medicine and completed a Transitional Year Internship at St. Luke's University Health Network in Bethlehem, PA. His current interests are medical dermatology, with an interest in inflammatory skin disorders, skin cancers, pediatric dermatology and medical education.



Dermatology Clerks

The Clerks here in the Department of Dermatology are in the front lines for patient services in the department where they triage phone calls from thousands of patients within and outside of Connecticut on a weekly basis. They provide patient information, and schedule appointments and consults from referring physicians in the community. They are a true asset to the department and provide much needed support to the providers in our practice.

