



## CALENDAR

AMERICAN ACADEMY OF  
DERMATOLOGY 68TH ANNUAL  
MEETING

**Mar. 5 - 9 in Miami, FL**

NEW ENGLAND DERMATOLOGY  
SOCIETY MEETING

**Apr. 10 at Brown University/Rhode  
Island Hospital in Providence, RI**

PSORIASIS SUPPORT GROUP

**Jan. 14, Feb. 11, Mar. 11 at 7PM 1st  
Church of Christ, 12 S. Main St. Room  
232, West Hartford. Hartford Area  
Psoriasis Support Group  
1-877-546-5558 x209  
hartford@support.psoriasis.org**

UConn DERMATOLOGY  
GRAND ROUNDS, 8AM,  
WEDNESDAYS

**Feb. 3, Mar. 3 and Apr. 7, UConn  
Dermatology Conference Room - 21  
South Rd., 2nd Floor, Farmington, CT**

UConn DERMATOLOGY  
JOURNAL CLUBS, 12:15PM,  
THURSDAYS

**Jan. 20 & 27, Feb. 17 & 24,  
and Mar. 17 & 24**

OUR OFFICE LOCATIONS WILL BE  
CLOSED ON:

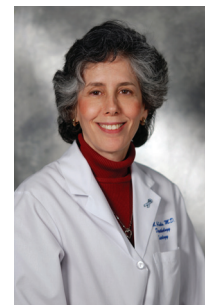
**Dec. 24, 25 & Jan. 1**

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

## Letter from our Chairman

*M*edicine is undergoing many changes and has become more competitive and business-oriented than ever. Some might ask why even have an academic dermatology department. Why is an academic department important? We are not a commercial organization. We are part of a non-profit organization dedicated to clinical care, teaching and research. That makes us different. We are dedicated to the premise that the best care of patients is based upon scientific, evidence based research. We support our faculty not only as clinicians, but also as teachers of the next generation of physicians and scientists. What is the outcome of this philosophy? We support patient care and are dedicated to the support of our referring physicians, helping them take better care of their patients. How do we do this? We deliver a very personal service. Along with sophisticated technology, we offer referring physicians the opportunity to have their difficult patients seen clinically or surgically, or for clinical-pathologic correlation at our monthly Grand Rounds. Our faculty is diverse, which is a tremendous advantage. We have trained at different programs and each of us brings a different perspective to our specialty. We are a faculty of dermatologists, pediatric dermatologists, Mohs surgeons, and dermatopathologists (trained in both pathology and dermatology). Each of us also has a special area of interest which further enriches our department.

Excellence in patient care is the foundation for how we educate the next generation of physicians. We teach dermatology residents as well as medical, nursing, and physician assistant students. We also teach medical, family practice, pediatric and pathology residents during their rotations through our department. Clinical cases are a source of inspiration for research that allows us to make new observations and undertake new research protocols to improve our understanding of skin diseases in the future. We believe our work to be important and are proud of our contributions to patient care, research and education. - **Jane Grant-Kels, M.D.**



UConn Health Center  
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263 Farmington Avenue - MC 6230  
Farmington, CT 06030-6230



### How to Care for Your Winter Skin

Winter weather in Connecticut can bring more than just rosy cheeks. When the furnace comes on and the humidity drops, skin can dry out. Dry skin can develop into eczema symptoms such as inflammation, itch, and rash. Sometimes the skin can become swollen and even ooze or crack. Consult with a dermatologist if these symptoms develop.

**Moisturize.** Good moisturizers do not have to be expensive. Expensive products often cost more to pay for the product's advertising and packaging. Most important is to find a product that you like and will use consistently. Moisturizers should be applied immediately after you pat dry after your shower or bathe.



Ointments are oil based, and generally work better than creams or lotions, but do tend to be greasier. Some products contain ingredients such as alpha hydroxy acids or ammonium lactate that protect and promote the moisture content of your skin.

**Baths are better than showers.** Bath water should be warm, not hot. The hotter the water, the more your skin can dry out. Oatmeal or baking soda in the bath can help relieve itch.

Bath oils can help preserve some of the moisture that enters your skin from the bath water. A word of caution: oils can make the bath tub very slippery. Be careful!

**Use only mild soap,** and unless you are dirty, use only under the arms and the groin. Deodorant soaps can be both drying and irritating. Mild, moisturizing cleansers (either liquids or bars) are best. Avoid perfumed or colored cleansers.

**Use sunscreen.** Even in the winter, ultraviolet rays can damage your skin. Apply a broad-spectrum sunblock, SPF 30 or more, about 20 minutes before going outdoors. Reapply every 2 hours if you stay outside. In addition, if your clothing or socks become wet, change as soon as you can to avoid skin irritation.

## Research

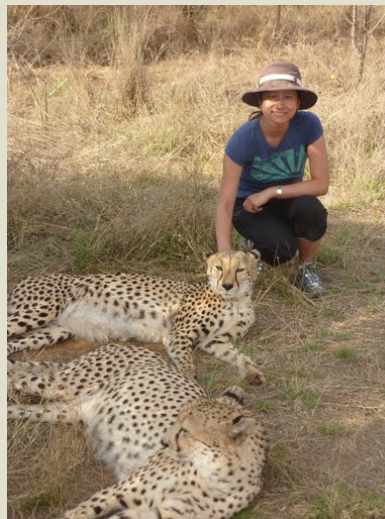
### Botswana Research Elective -

#### Melinda Jen, M.D. - Chief Resident

Thanks to the Resident's International Grant from the American Academy of Dermatology, I recently returned from a six-week dermatology rotation in Botswana. Botswana is a country about the size of Texas located just north of South Africa. It is one of the greatest economic success stories in Africa since independence in 1966, with one of its major exports being diamonds.

I was based at Princess Marina Hospital located in Botswana's capital of Gaborone, but traveled once a week to outlying hospitals to see patients in local clinics. As one of only two dermatologists in the national health system, I saw patients from all over the country. I was humbled by those who traveled hours on a bus from the far corners of the country to be seen in my clinic.

My daily clinic was a mixed bag of dermatology. Even though I saw many of



the same common conditions that I see at the University of Connecticut Department of Dermatology, like eczema, acne, warts, and psoriasis, therapy was challenging because of the limited medications available. In addition to these "bread and butter" dermatologic conditions, there were a number of uncommon diseases that are not frequently seen in the United States. The high incidence of HIV/AIDS in Botswana means that there are a number of patients with a weakened immune system who were at risk for certain infections.

This experience not only taught me dermatology, but also allowed me to get to know the people and the country of Botswana. Botswanans are kind and polite with an immense amount of national pride. Botswana also has enormous natural beauty in the Okavango

Delta, Chobe National Park, and the Kalahari Desert.

My experience helped me realize the need for dermatologists around the world, and I hope to return to Botswana in the future. Sala sentle!



## What Are the Signs of Skin Cancer?

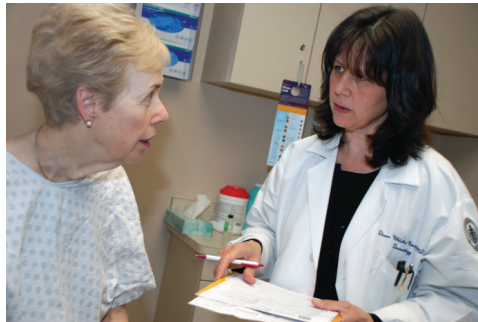
Skin cancer is the most common of all cancers. Most, but not all of these cancers develop on sun-exposed skin.

**Melanoma** usually begins as a dark brown or black patch with irregular borders. It can appear anywhere on the body without warning and has a tendency to metastasize (or spread) to other parts of your body, so it is essential to diagnose and treat it right away.

Most melanomas occur on normal skin, about 20% arise in a pre-existing moles. Warning signs of melanoma may include:

- changes in a mole
- crusting, oozing or bleeding of a mole that's new or one you've always had
- change in sensation of a mole, like tenderness, itching, or pain.

**Actinic Keratosis (AK)** is considered to be the earliest stage in the development of a skin cancer. AKs are usually small, pink scaly patches that tend to appear on sun-exposed parts of the body like the face, head and backs of hands and can progress to more



advanced skin cancers if left untreated. AKs can be treated by your doctor with techniques such as cryotherapy (freezing), topical chemotherapy (with a cream you apply at home), or chemical peels done by your doctor.

**Squamous cell carcinomas** are often red and scaly or crusty lesions that develop on the face or hands, but can occur anywhere on the body. Squamous cell skin cancers can spread, so they need to be treated right away.

**Basal cell carcinoma** is the most common form of skin cancer. Like melanoma and squamous cell skin cancers, it can occur anywhere on the body but often occurs on the face. Sometimes these skin cancers present as bumps that are crusty and bleed easily. Although basal cell cancers don't usually spread to other parts of the body, they will continue to grow unless treated.

If you have a question about a change in your skin or a mole, don't wait. Any new growth on your skin should be evaluated. Even if the new growth is normal and benign, we are happy for the opportunity to examine and reassure you.




## Cosmeceuticals

*Chronic sun exposure causes changes in the skin such as discolorations, fine lines and enlarged skin pores. Cosmeceuticals are products that may help protect or treat the skin from the effects of chronic sun exposure. Many different ingredients may be found in cosmeceuticals. In this issue of Skin Deep, we list some of the common ingredients in skin care products used to treat photoaging by protecting and improving skin texture and tone.*

**Alpha Hydroxy Acids** - These fruit-derived acids (glycolic acid, lactic acid, and citric acid) may help exfoliate the skin and reduce the appearance of fine lines while improving skin texture. We use them in stronger concentrations in our chemical peels. Side effects of alpha-hydroxy acids may include mild irritation and sun sensitivity. To help your skin adjust to alpha-hydroxy acids without irritation, you may need to only apply the skin care product every other day, gradually working up to daily application.

**Hydroquinones** - These inhibit melanin (skin pigment) production and are used as bleaching creams to treat irregular skin coloration and superficial age spots. They are available as prescription or in over-the-counter strengths.

**Kojic Acid** - This is another form of skin bleach, used to lighten age spots and irregular pigmentation. Derived from a fungus, kojic acid can be used in addition to or as an alternative to hydroquinones. For optimal results, sunblock must be used in conjunction with any bleaching agent.

**Retinoids** - This is a topical form of vitamin A, prescription strength retinoids have the most scientific evidence to support their benefits as therapy for the prevention and treatment of photoaging. Also available in over-the-counter preparations, retinoids are widely used in skin cosmeceuticals. Several weeks of regular treatment are needed before improvement in skin texture, color and tone may be noted. Retinoids can be irritating to the skin and cause sun sensitivity. To avoid these potential side effects, begin every-other-night treatment until the skin adjusts to potential irritation.

*If you are interested in learning more about our full range of cosmetic services and the physicians and nurses who perform them, please call 860-679-4600 to schedule a consultation. We will be happy to explain the procedure to you in detail and discuss the associated risks and benefits in order to help you determine if you are a candidate for cosmetic services.*



## Awards, New Faces and Updates...

### *Congratulations!*

Congratulations to Hanspaul Makkar, M.D., for his recent *Patients Choice Award* as one of Connecticut's favorite physicians.

### *A Big Welcome!*

We welcome Soheil Sam Dadras, M.D., Ph.D., to our practice. Sam is an Assistant Professor of Dermatology and Genetic/Developmental Biology who specializes in Dermatopathology and Molecular Diagnostics. His areas of interests and expertise are melanoma genetics, pigmented lesions and vascular birthmarks.

### *East Hartford Office Closed*

Our East Hartford office has permanently closed. Drs. Tanya Ave'Lallemant, Siobhan Collins, Michael Murphy and Amy Payne are now practicing in our Farmington office. We welcome the East Hartford patients to our Farmington office, where we promise the same excellent service.

### *Best Wishes this Holiday Season!*

Our office would like to wish everyone a very happy, healthy and safe holiday season. We'd like to take this opportunity to thank you for choosing UConn Dermatology Associates as your dermatology provider and we look forward to servicing your medical needs in 2010. Happy Holidays!!



"The biopsy on your mole came back negative, which is positive, which is good."

**For more information or to schedule an appointment please contact at:**

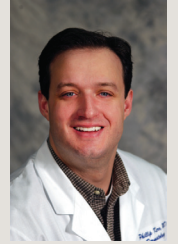
**UConn Dermatology Associates  
21 South Road, Second Floor  
Farmington, CT 06030-6231**

**Main Line: 860-679-4600**

**Web: [dermatology.uchc.edu](http://dermatology.uchc.edu)**

## Philip Kerr, M.D.

In 2003, Dr. Kerr joined UConn Dermatology as an Assistant Professor. He grew up in Minnesota and graduated college and medical school from the University of Minnesota. He completed his residency in dermatology at Brown University in Rhode Island, and a fellowship in dermatopathology at Drexel University College of Medicine in Philadelphia. Dr. Kerr is board certified in dermatology and dermatopathology. Since 1994, he has been a journal reviewer for the Journal of the American Academy of Dermatology. In May of this year, he was appointed as President of the Connecticut Dermatology and Dermatologic Surgery Society. He is also the Director of the Melanoma Clinic with the Departments of Dermatology and Medical Oncology here at the UConn Health Center. He is also the director of the Dermatopathology Education Committee with the UConn School of Medicine. Dr. Kerr is also devoted to the Dermatology Residency Program, where he is a member of the Selection Committee and Education Committee.



## Douglas Leone, M.D. Chief Resident

Chief Resident Dr. Leone has an undergraduate degree from the University of Illinois with a B.S. in Biology. He went on to complete his medical education there as well and then completed a transitional year of residency at Health One Presbyterian St. Luke's Hospital in Denver, Colorado. His clinical interests include novel treatments in verruca vulgaris, early diagnosis and treatment in malignant melanoma, cosmetic fillers and adolescent dermatology.



## Dermatopathology Administrative Support Staff

Elizabeth, Lisa, Kathy, Krista and Barbara provide support to the dermatopathologists in our dermatopathology lab. Every day they type biopsy reports that are signed out by dermatopathologists, ensure report results are received by the referring physicians in the community as well as the dermatologists here at UConn Dermatology Associates in Farmington. They are important liaisons between the outside providers and our own laboratory/dermatopathologists. They are a true asset to the department and provide much needed support to the providers in our lab.

