Not Taking Good Health for Granted: When we take an updated medical history and the patient tells us, “nothing is new,” we should all rejoice! In this regard, “nothing new” or “everything is ordinary” is a gift. Sometimes my patients share with me that their spouse, child, grandchild or best friend is ill. Worse than suffering ourselves, is the misfortune of having to bear witness to the suffering of those we love. Many of us have been at the receiving end of heart wrenching news about an accident involving a loved one, or a bad outcome to a medical test that means we or someone we love will have to go through life-altering therapy before things are “ordinary” again. We have learned the hard way that the words “nothing new” are the sweetest words we can say when we are asked to update our medical status. Unfortunately, the daily chores of life are sometimes overwhelming and often obscure the tremendous pleasure each day has to offer us. Most of us take for granted good health. It is not until we are told that we have melanoma, skin lymphoma or life-altering psoriasis that we appreciate all of our previous days of good health as a gift. We need to pay attention to the gifts of each day without distractions from our cell phone, palm pilot, job demands, or financial pressures and to enjoy each and every sweet moment life throws our way. During this holiday season filled with family and friends, let’s rejoice in what we have. I pray for ordinary days for the people I love so that they continue to enjoy good health and happiness. There are no new fancy job titles or physical objects that will make me happy. Waking up next to my husband, a day without pain, catching the sunrise or sunset on my way to work or home, a phone call from a grandchild, dinner with friends – these are the things I want my life to be filled with. And of course, I hope for healthy patients to whom I do not have to share bad news.

- Jane Grant-Kels, MD
Cold Weather Precautions

People who spend prolonged time outdoors, such as hunters, hikers, and the homeless are at increased risk for cold weather skin problems. The very old, very young, those who are not in good physical condition, and people with diabetes and blood vessel disease should take extra precautions.

Chilblains (or pernio) refers to tissue inflammation that occurs after exposure to damp and cold temperatures above the freezing point. Skin on the hands, feet, or face is most commonly affected and can appear swollen and reddish or purple. Chilblains may itch or be painful.

Immersion Foot (Trench Foot) was described in World War I because of repeated exposure to dampness and cold and exacerbated by tight boots. It can occur in cold or warm temperatures, though, when the feet are exposed to continuous moisture. The affected feet are reddened, swollen, painful or numb, and may be covered with bleeding blisters. This condition can lead to permanent nerve and tissue damage.

Frostbite occurs in prolonged cold exposure when the blood vessels in your arms, legs, nose and ears constrict, decreasing blood flow to the extremities and sending that extra blood to internal organs to protect them. If your brain senses danger of hypothermia (when body temperature drops below 98.6°F), the blood flow to extremities is permanently shut down to prevent the return flow of cold blood back to vital organs. When this happens, frostbite occurs. The first signs of frostbite may include burning, numbness, tingling or itching in the affected areas. These areas may appear blanched.

To prevent cold related skin injury:

- Dress for the weather. Layers are best, and mittens are better than gloves.
- Wear two pairs of socks, the inner layer made of a synthetic fiber, such as polypropylene, to wick water away from the skin and the outer layer made of wool for increased insulation.
- Wear waterproof shoes or boots.
- Keep your head, face, nose, and ears covered.
- Wear loose fitting clothes to avoid a constriction of blood flow to the arms and legs.
- Always travel with a friend in case help is needed.
- Avoid smoking and alcohol. Smoking increases the risk for blood circulation problems and alcohol can seriously impair judgment.

Research

The Myths of Indoor Tanning

Artificial tanning is a multi billion dollar per year business. Proponents of tanning services claim benefits of artificial light treatment. A recent article in the New England Journal of Medicine (NEJM 363:10; 901-903) refutes these claims and further states that tanning is addictive.

Myth 1: UV exposure from tanning beds is safer than UV exposure from natural light. Indoor tanning devices rely more heavily on UVA wavelengths & that may account for a lower rate of sunburn compared to those who are exposed to both the UVA & UVB wavelengths present in natural sunlight. But UVA also damages DNA & may be carcinogenic without causing sunburn.

Myth 2: People who are regularly exposed to tanning have a lower rate of malignant melanoma. In the United States, malignant melanoma is increasing more rapidly than any other cancer. The rate of new melanoma diagnoses among girls & women ages 15 to 39 is particularly dramatic. Researchers widely suspect that the use of indoor tanning may be partially responsible for this alarming increase.

Myth 3: Sun exposure can reduce your risk of cancer. There is a possible association between higher levels of Vitamin D and a decreased risk of certain kinds of cancer. Vitamin D can be manufactured in the skin, but the radiation exposure required for skin Vitamin D production is the same level that causes the DNA damage that can lead to skin cancer. A safer way to ensure adequate Vitamin D levels is oral supplementation. The Vitamin D in oral supplements is as useful to the body as that which is produced from sun exposure.

Myth 4: Tanning improves mood. Tanning beds are likely addictive. They stimulate the brain’s production of beta-endorphin, an opium-like substance & can produce physical dependency. In addition, tanning has been associated with other addicting behavior, like gambling, smoking, drinking and illegal drug use.

Myth 5: Tanning improves appearance. Beauty is definitely in the eye of the beholder. Unfortunately for our patients, convincing them to stop seeking UV exposure is much easier after the sun damage to the skin is apparent. UV light exposure from any source causes enlarged facial pores, blackheads, spider veins and brown spots, & can lead to all forms of disfiguring skin cancer.

Latest News . . .
Laser Tattoo Removal by Justin Finch, MD, PGY3 & Judy Colligan, RN

**Type of Ink:** A particular tattoo color may be made of several different kinds of ink. For example, any of at least eight different inks may be used to create a green tattoo. Generally, amateur ink responds more quickly than professional ink.

**Your Skin Tone:** Lighter skin tones generally have a higher success rate, but many skin types are treatable.

**Depth of Tattoo:** Deep tattoos, such as one tattoo that has been covered by another, require more treatments. Professional tattoos run deeper in the skin than amateur tattoos.

**How will the tattoo look like after a laser treatment?** Immediately after treatment there will be a slight frosting on the area treated. Redness and swelling at the treatment site will occur and may last up to 2 days. This seems to decrease with subsequent treatments. Pinpoint bleeding may also occur.

**How will the area feel after a laser treatment?** The area is sore for a couple days. An ointment is applied after, Vaseline or Aquaphor, which is soothing and will keep the area well lubricated.

**How do I take care of the tattoo?** After the redness abates, the skin will scab over. It is important at this stage to have the area covered with Vaseline (or Aquaphor) while the area is scabbed over, this will enhance the sluffing of ink and prevent itching.

It is very important not to pick, scratch or aggressively wash the area in order to prevent possible scarring.

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**Frog skin** is composed of a thin membrane and a vast network of blood vessels. When a frog is submerged in water, oxygen can pass through the skin and directly into the bloodstream, enabling the frog to breathe underwater. Frog skin also contains special mucous-secreting glands (much like a human nose), which help to keep their bodies moist. Some frog species even have specialized poison-secreting glands in their skin to help ward off predators.

**Shark skin** is composed of rigid scales that point toward the tail. The streamlined array of these scales makes it so efficient for a shark to swim underwater that scientists and manufacturers have worked to replicate the scale patterns in boat hulls and swimsuits. In fact, “shark skin” swimsuits are so efficient that they have been banned from the Olympics. Dense scales on shark skin also act as a protective barrier against harsh environmental elements: their roughness can injure prey that comes in contact with them, and their jagged shape also makes it difficult for parasites, such as algae and barnacles, to grow on the shark.

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**Skin by Justin Finch, MD, PGY3**

**What is the purpose of skin?**

Our skin protects against infection, dehydration and hostile environments; helps regulate body temperature; and acts as a sensory receptor for touch. Skin is the largest organ in the human body, covering 22 square feet of surface area on the average adult.

**Is human skin different from that of other animals?**

Yes! Though the basic functions of skin remain the same, the skin of other animals is uniquely adapted to suit their habitat. Take, for example, elephant skin, frog skin and shark skin.

Although elephants are indigenous to Africa and Asia, their bodies are surprisingly sensitive to sun and hot climates. Elephants rely on the unique structure of their skin to help stay hydrated, cool and protected from the sun. The outer layer of an elephant’s skin is covered with deep wrinkles and crevices. When an elephant bathes in a pool of mud, this extra surface area created by the wrinkles helps the elephant to retain water and stay cool. The mud also helps protect the elephant’s skin from the sun’s harsh ultraviolet radiation. In addition, the thickness of an elephant’s skin helps resist the inner pressure exerted by their massive bodies.

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**Cosmetics**
Recent publications within our department


* J. Finch, MD - PGY3 - Finch J, Milker’s nodule, eMedicine (June 14, 2010), www.emedicine.medscape.com/article/1132823


* J. Grant-Kels, MD & M. McCusker, MD - PGG4 - McCusker MM, Grant-Kels JM. Healing fats of the skin: the structural & immunologic roles of omega-6 and omega-3 fatty acids. Clinics in Dermatology 2010; 28:440-451.

* J. Grant-Kels, MD, M. Rothe, MD & J. Ricketts, MD - PGG4 - Nutrition & psoriasis. Clinics in Dermatology 2010; 28:615-626.

* J. Grant-Kels, MD, J. Whalen, MD & M. Payette, MD - PGG3 - Nutrition & nonmelanoma skin cancers. Clinics in Dermatology 2010; 28:650-662.


Adrienne Berke, MD

Adrienne Berke, MD, is an Assistant Professor of dermatology and the assistant director of the Dermatopathology Laboratory at the University of Connecticut Health Center. She is board certified in anatomic pathology and dermatopathology. She completed her pathology residency here at the University of Connecticut School of Medicine. She then completed a dermatopathology fellowship at New York University Medical Center. Dr. Berke has been on the faculty in the Department of Dermatology at the University of Connecticut Health Center since 1988. She has co-authored several articles, reviews, case reports and book chapters. Her clinical interests are pigmented skin lesions and immunopathology. Dr. Berke enjoys hiking, swimming and biking.

Justin Finch, MD - PGY 3

Dr. Finch is one of our six residents in the department. He earned an undergraduate degree in psychology and medical degree from the University of Minnesota. Afterwards, he completed his first year of residency in Internal Medicine at Hennepin County Medical Center in Minnesota. His clinical interests include dermatoscopy, tropical dermatology, trichogenic neoplasms as well as phaeohyphomycosis and other mycotic diseases. He recently became the second UConn recipient of the Resident International Grant from the American Academy of Dermatology. This grant will allow him to participate in a six week elective in Africa where the Education and Volunteers Abroad Committee established dermatology support programs and teledermatology consulting services. He is also an avid photographer. His works may be seen throughout our clinic.

Medical Assistants

Our dermatology medical assistants seen here are among the best in the state. They are often the backbone of a medical practice. They possess the ability to multi task and their role often changes from day to day. MAs’ responsibilities can be tailored to the needs of a practice. They can manage front-office functions and patient flow and handle a wide range of tasks that would otherwise be performed by receptionists, practice managers, nurses and physicians.