

Skin Deep



Winter 2014 – News and information from the Department of Dermatology

CALENDAR

HARTFORD PSORIASIS NETWORK MEETINGS, 7PM

February 13 and March 13

**First Church of Christ,
12 S. Main St. West Hartford
Hartford Psoriasis Network
1-860-521-5103**

hartford@support.psoriasis.org

UConn DERMATOLOGY GRAND ROUNDS, 8 AM WEDNESDAYS

February 5 and March 5

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

UConn DERMATOLOGY JOURNAL CLUB, 12:15 PM

February 26 and

March 14, 19 and 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

Can't Go Backwards



About one year ago I was lucky enough to see “Grace”, a dark comedic drama, on Broadway in NYC starring Paul Rudd and Ed Asner. There were many thoughtful issues raised by this show but the most important theme was that we cannot go backwards. We cannot take back words spoken in anger, a thoughtless act, or even the lack of acting better when we could have. Many of us live with some regret: regret for what we said or did or should have.

Physicians often wish they could go back in time and make the correct diagnosis sooner or say the right thing to their patient to comfort them. Unfortunately, we can only do the best we can at the time. Despite all of our education, training, and the fact that we always mean to be helpful and kind, we are far from perfect. A routine day for our dermatologists involves caring for many patients, answering phone calls from patients and referring doctors, and endless paperwork. This juggling act is not easy and depending on the day, can even be trying.

Therefore I am asking you, our patients, to understand that we are trying our best all the time. Our only goal is to help you and make you better. When we are delayed and have kept you waiting, it is often because another patient required more time than was allotted. Our goal is to be timely and stay on schedule but we also must be attentive to emergencies and complex medical or surgical problems that arise. If we have failed to explain something to you in a way that you comprehend, tell us. We tend to think in dermatologic language and sometimes forget that some of the words we use are not familiar to you. Our relationship with you is very important to us and we want to be the best, kindest and most gentle dermatologists possible.

I am lucky that I have this opportunity to share my thoughts with you which hopefully will allow me to live with less regret. We appreciate that you have chosen to come to UConn Dermatology and hope that your experience with us, in any of our offices, is positive and helpful.

- Jane Grant-Kels, M.D.



INFANTILE HEMANGIOMAS: NEW TREATMENTS FOR A COMMON BIRTHMARK - Mary Wu Chang, MD



Infantile hemangiomas (formerly known as “strawberry” or “cavernous” hemangiomas), are red spots, plaques or tumors on the skin that grow in infancy and then eventually shrink. Deep hemangiomas (below the

surface of the skin) appear as skin colored to slightly bluish, rounded, soft swellings of the skin. Hemangiomas occur in about 5 in 100 babies, and can appear at birth or in the first few weeks of life. They are tumors, but they are benign growths. They proliferate rapidly in the first few months of life, and then reach their maximum size around the infant’s first birthday. Subsequently, they slowly shrink and fade to skin color but this can take many years: only half will be finished involuting by age 5, 60% will be finished by age 6, 70% by age 7, and so forth. Ultimately, after involution,

there can be almost nothing that is noticeable on the skin, or a slight texture change or wrinkling, or a fatty or saggy area of skin. Although the wait can be a long one, in most cases it is best to let nature take its course with periodic monitoring by your primary care physician or dermatologist.

In about 20% of hemangiomas, however, treatment is needed to prevent or manage problems. For example, if the hemangioma is located near the eye (especially the upper eyelid), visual development is hindered due to obstruction of vision, or by distorting the lens. Additionally, hemangiomas on the lip or nose may need intervention, as these important structures are easily disfigured. Sometimes, the hemangioma can ulcerate (a common problem for hemangiomas in the diaper area) and this breakdown of skin can be painful, and can cause bleeding or infection. Referral to a pediatric dermatologist is important to evaluate worrisome hemangiomas as early as possible to determine whether treatment interventions are needed.

Surprisingly, there are no FDA approved medications for infantile hemangiomas. For many decades, oral corticosteroids were the standard treatment for problematic hemangiomas. Currently the first line treatment for problematic hemangiomas is propranolol. Propranolol is a beta-blocker that has been used in adults and children for over forty years as a medication for high blood pressure, stage fright, arrhythmias and other cardiac problems. In 2008, the surprise discovery was made that propranolol shrank hemangiomas faster, safer, and more predictably than oral predni-

sone. For hemangioma therapy, propranolol is given by mouth as a liquid three times a day. Usually initiation of therapy requires monitoring for the first few days to ensure stability of blood pressure, pulse and blood sugar, often in young infants this is done in an overnight stay in the hospital. After coming home, monitoring is not necessary but propranolol should always be given with a feeding. The medication is very safe when used properly. Infants with asthma or wheezing may not be able to receive propranolol therapy as it can worsen bronchospasm. Other treatments for hemangiomas include topical timolol (also “off label,” for hemangiomas, as it is FDA approved for glaucoma), and pulsed dye laser. Sometimes a combination of therapies is used. Surgery is usually reserved for hemangiomas that are mushroom-shaped (e.g. those that have a “stalk”). Propranolol therapy is usually given past the infant’s first birthday, and when the hemangioma is appropriately involuted. After involution is complete, surgical removal of hemangioma remnants (leftover fatty or sagging skin after full involution) by a knowledgeable plastic or dermatologic surgeon can help kids look their best before kindergarten, but surprisingly, most children do not need surgery.

Treatment must be customized on a case by case basis, with consideration given to the age of the infant (younger infant have more potential hemangioma growth ahead), the size and location of the hemangioma, whether there is an ulceration, and other factors. Discuss these issues with your pediatrician, family practice doctor, or general dermatologist to see if a referral to pediatric dermatology is needed.

 **Clinical Trials**



We have several active clinical trials here in the Department of Dermatology. Presently all are for moderate to severe plaque Psoriasis and are sponsored by pharmaceutical companies. If you have any questions about clinical research here, please contact Cheryl Martin, RN at 860-679-3475 or e-mail gloriaborders@adp.uchc.edu.

A clinical trial, also known as clinical research or a research trial, is a research study in human volunteers in order to answer specific health questions. Clinical trials can take place in a variety of locations, including hospitals, universities, doctors’ offices, freestanding research centers or community health clinics. All clinical trials are conducted according to strict scientific and ethical principles. Every clinical trial must have a protocol, or action plan that describes what will be done in the study, how it will be conducted, and why each part of the study is necessary. The protocol will have guidelines about who can participate in the research study. These guidelines are based on such factors as age, type of disease, medical history, and current medical condition. Some research studies seek volunteers with illnesses or conditions to be studied, while other trials need healthy volunteers.

Clinical trials are sponsored by government agencies, private organizations, and individual researchers who are seeking ways to improve the health of people who may be living with diseases. Sponsors include:

- government agencies such as the National Institutes of Health (NIH), the Department of Defense (DOD), and the Department of Veteran’s Affairs (VA)
- pharmaceutical, biotechnology and medical device companies
- individual researchers

- health care institutions such as academic medical centers and health maintenance organizations (HMOs). Clinical trials are conducted in a series of steps, called phases - each phase is designed to answer a separate research question.
- Phase I: Researchers test a new drug or treatment in a small group of people for the first time to evaluate its safety, determine a safe dosage range, and identify side effects.
- Phase II: The drug or treatment is given to a larger group of people to see if it is effective and to further evaluate its safety.
- Phase III: The drug or treatment is given to large groups of people to confirm its effectiveness, monitor side effects, compare it to commonly used treatments, and collect information that will allow the drug or treatment to be used safely.
- Phase IV: Studies are done after the drug or treatment has been marketed to gather information on the drug’s effect in various populations and any side effects associated with long-term use.

Your participation in any clinical trial is voluntary. Before you volunteer to participate, you will receive an informed consent document that explains the details of the study, including the potential risks and benefits, as well as your rights and responsibilities. A member of the research team will discuss the study with you and answer your questions so you can make an informed decision about whether or not to participate. In addition, you have the right to ask questions throughout the course of the study and may withdraw consent (stop) at any time. This would not affect your regular care at the clinic or with your doctor. Since the decision to volunteer for a clinical trial is a personal one, you should decide by consulting with your health care provider, family members, and friends.



Fighting the Winter Blues: Getting an Adequate Dose of Vitamin D this Winter through Diet

- NIKITA LAKDAWALA, MD, PGY 2

Vitamin D has many functions in the body. It is essential to absorption of calcium and phosphorus necessary for maintaining bone health. Newer evidence also suggests vitamin D deficiency may play a role in development of certain diseases, including some cancers, cardiovascular disease, autoimmune disorders, and neurocognitive disease, such as depression. 1 Vitamin D deficiency is recognized as a worldwide health problem and particularly common in northern latitudes during winter months. The prevalence of vitamin D deficiency ranges from 20-80% and rises in the late winter/spring and decreases in the summer. Low vitamin D levels during winter correlates with development of seasonal affect disorder, a form of depression worsened in months when there is minimal sunlight exposure, and supplementation has been proposed as a treatment option. 2

How are stores estimated in the body?

Stores in the body can be estimated with a blood test, 25-hydroxy vitamin D 25(OH)D, which is readily available. Deficiency is defined by serum levels less than 20 ng/mL.

What are the ways to obtain vitamin D?

Vitamin D can be obtained from dietary sources and exposure to sunlight. While relatively few foods (e.g. salmon, cod liver oil, tuna) naturally contain vitamin D, dairy products, including milk, yogurt and cheese, certain cereals and juices, are often fortified. 3 Vitamin supplements can also serve an excellent source of the vitamin. Exposure to ultraviolet light, from both outdoor (sun) and indoor (tanning beds) can also serve as a source of vitamin D. However, winter sunlight at latitudes above 35°, which includes New York City and Boston, lacks the UVB necessary for vitamin D3 synthesis. 1 Moreover, excess exposure to UV radiation increases the risk for both melanoma and non-melanoma skin cancers as well as premature aging of the skin. Therefore, the American Academy of Dermatology (AAD) recommends a healthy diet to maintain adequate vitamin D stores. 4

How much vitamin D is needed? While there are differing opinions on how much vitamin D is needed, currently, the Institute of Medicine (IOM) recommends dietary intake of:

- 400 IU (International Units) for infants/children 0-1 yr
- 600 IU for children, teenagers and adults 1-70 yr
- 800 IU for adults 71+ yr

Since sun exposure is variable and overexposure can be dangerous, this recommended daily allowance (RDA) is based on individuals receiving minimal or no sun exposure. 5 In cases of deficiency, higher doses may initially be required.

Are there different forms of vitamin D supplements? Yes, two forms biologically inert forms, vitamin D2 (ergocalciferol), which is plant-derived and vitamin D3, (cholecalciferol), which is obtained through UV exposure and the diet, exist. Both are converted into an active form (1,25 hydroxy-vitamin D). Though some controversy exists on whether there are differences in absorption of the two agents, both forms are currently considered equivalent. 6

Given the impact on health and seasonal variation of levels, it is important that individuals be conscious of their intake of vitamin D this winter season.



References:

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- 3) Wolpowitz D, Gilchrist, BA. The vitamin D questions: how much do you need and how should you get it? *JAAD* Feb 2006 p 301-17. *Am J Clin Nutr* 2004;79:362-71.
- 4) American Academy of Dermatology. Position Statement on Vitamin D. 2012. <http://www.aad.org/Forms/Policies/Uploads/PS/PS-Vitamin%20D%20Position%20Statement.pdf> Accessed Dec 1, 2013.
- 5) Institute of Medicine. 2011 Dietary Reference Intakes for Calcium and Vitamin D. Washington, DC: The National Academies Press.
- 6) Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Endocrine Society Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab* . 2011;96(7):1911-1930.

You can make a difference!

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

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

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Thank you for your generous support!

For questions, contact:

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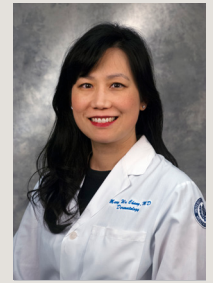
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Mary Wu Chang, MD



Dr. Chang earned a B.S. in molecular biology at the University of Wisconsin-Madison, as well as her M.D. Intending to become a community pediatrician, she completed a pediatric residency at Kaiser San Francisco, where she served as Chief Resident. She then discovered her calling was pediatric dermatology, and completed a dermatology residency at Wayne State University at Detroit Medical Center, also serving as Chief Resident. Dr. Chang joined the full-time faculty at NYU in the pediatric dermatology unit in 1997. In 2005, she moved with her family to Connecticut. Dr. Chang is currently an Associate Clinical Professor of Dermatology and Pediatrics at the University of Connecticut School of Medicine, and also has a private practice in West Hartford, CT. She is board certified in Pediatrics, Dermatology and Pediatric Dermatology and has authored over 50 peer-reviewed articles and book chapters, and frequently lectures across the country, and internationally. She has been Associate Editor of *Journal Watch Dermatology* since 2003, and is active in the Society for Pediatric Dermatology and Women's Dermatologic Society.

Nikita Lakdawala, MD PGY 2



Dr. Lakdawala graduated from UConn with a dual major in molecular and cell biology and an individualized major in health care and social inequality and then went on to receive her M.D. from the UConn School of Medicine. She completed a preliminary medicine year at Boston Medical Center in Boston, MA. Her clinical interests include preventive medicine, including skin cancer awareness and prevention, as well as pigmented lesions and the role of the immune system in dermatology.

Cathy Sonnenberg Clinical Practice Manager II



Cathy has been with the health center for 36 years. She has earned the prestigious UCHC 'Husky Hero' award and is an individual who consistently performs above and beyond the expectations of her job. Prior to her accepting her position in Dermatology in 2009, she was a clinical practice manager with the departments of surgery, ophthalmology, urology & plastic surgery. Cathy manages over 65 direct and indirect employees in Dermatology and Dermatopathology. She is responsible for the day to day operations of the clinic and lab as well as financial oversight and budget planning of the department.