

Skin Deep



Winter 2016 – News and Information from the Department of Dermatology

CALENDAR

UConn DERMATOLOGY GRAND ROUNDS, 8AM WEDNESDAYS

March 2, April 6 & May 4
Dermatology Waiting Room
21 South Road, 2nd Floor,
Farmington

UConn DERMATOLOGY JOURNAL CLUBS, 12:15PM

March 16 & 23, April 20 & 27,
May 20 & 25
21 South Road, 2nd Floor,
Farmington

HARTFORD PSORIASIS NETWORK MEETINGS, 7:00 TO 8:45PM

February 11, March 10 April 14
& May 12
Lucy Robbins K Y`Yg`@]VfUfm
-) `7YXUf`GhfYYt`BYk]b[tcb
F GJ D`hc`fY[]ghYf`cf`Zcf`ei Ygh]cbg.`
Marjorie: 860-888-6669 or Missy:
860-635-0580

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

Letter from Our Chairman

UConn Dermatology welcomes complex medical dermatology. However, dermatologic disease often is best served by a multidisciplinary approach involving not only dermatologists but also non-dermatologic practitioners. From this perspective, we have organized several clinics staffed by both a dermatologist and a specialist of another medical discipline. Specifically, our practitioners pair with an oncologist and oncologic surgeon (the melanoma multidisciplinary clinic), or rheumatologists (both the connective tissue disease and psoriasis and psoriatic arthritis clinics). Later we will be initiating a cutaneous lymphoma clinic that links a dermatologist with an oncologist who specializes in these types of malignancy, often when presenting in more advanced stages. The coming issues of *Skin Deep* will detail more thoroughly the specifics of each of these sessions – who staffs them, how they are conducted, and what therapies are employed. For now, please refer your toughest cases that fall within these categories. We will strive to find room in each clinic’s dedicated schedule and provide the most advanced comprehensive care.



- Bruce Strober, MD, PhD
Interim Chair

Navigating Hair Loss (Alopecia)

- Janelle Ricketts, MD, MBA



The first step in managing hair loss (alopecia) is determining the cause. Certain styling techniques, bleaching products, chemicals and heat sources can damage the hair and lead to breakage. Your hairstylist can help you figure out ways to style your hair while minimizing damage to the hair shaft. Then, you can consult your physician

to see if there are any medical causes. Your obstetrician/gynecologist, primary care physician or dermatologist can help you.

There are many different types of alopecia. Lichen planopilaris (LPP), central centrifugal cicatricial alopecia (CCCA), follicular degeneration syndrome (FDS), discoid lupus, and dissecting cellulitis can all lead to permanent scarring of the hair follicles. These are all chronic conditions that can result in mild to severe hair loss.

Telogen effluvium (TE) and anagen effluvium are reversible forms of alopecia that can result from exposure to medications or from a physiological stressor (childbirth, medical illness). While most people with TE have the acute form, chronic TE can last for several years. Your physician can screen you for reversible causes of TE, but it's important to note that chronic TE can have no known causes. Telogen effluvium alone does not result in total hair loss because patients still have the

capacity for regrowth.

Male pattern or female pattern (androgenetic) hair loss is considered a genetic form of hair loss. Topical minoxidil is an FDA-approved treatment for males and females with androgenetic alopecia. Systemic treatments (pills) can be prescribed but the effectiveness varies for males and females. Hair transplant is an excellent option for many; however, its use is limited due to cost.

Traction alopecia results from tight hairstyles (including tight ponytails, braids and weaves). It can result in permanent hair loss unless looser hairstyles are utilized.

Your dermatologist will be able to help you navigate hair loss by diagnosing your type of alopecia. Many patients can be overwhelmed by the plethora of information, products and treatment options available on the internet and in drugstores. Come to your visit prepared with questions.

Cosmetics

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.

ROSACEA

- Sam Awan, MD, PGY 2

Rosacea is a chronic inflammatory skin condition most commonly seen in adulthood. It is long-term and typically follows patterns of flares and remissions. Although it is not a life-threatening disorder, rosacea often affects quality of life due to its cosmetic changes. The exact cause of rosacea is not completely understood, but ongoing research has suggested several theories. Rosacea is likely caused by a multitude of factors including genetics, skin mites, abnormal response of blood vessels to certain signals, and a host of environmental factors. It is most prevalent in patients with fair skin and of Northern European descent. There are no blood or imaging tests for rosacea; it is a condition diagnosed by your physician's in-office exam.

Rosacea derives from the Latin word *rosaceus*, for the skin condition's characteristic rose-petal color. Rosacea is typically located over the central face: the nose, cheeks, brow, and chin. The condition manifests in a variety of forms ranging from mild redness and raised bumps to thickening of the skin overlying the nose. Most patients with rosacea have extremely sensitive skin.

Many find that over-the-counter acne products tend to irritate the skin and worsen rosacea. Many cosmetic agents designed to decrease redness end up producing burning and irritation, rather than ameliorating symptoms. If you suspect that you may have rosacea or another skin condition, it is important to establish care with a dermatologist so that an ideal treatment plan may be formed. This article will highlight the four general types of rosacea.

Flushing ("Erythematotelangiectatic Rosacea")

In this first form, rosacea appears as flushed skin and dilated blood vessels primarily over the nose and cheeks. This transient flushing is often the first sign of early rosacea. There are many classic triggers that can induce episodes of flushing: sunlight, alcohol, hot beverages, spicy food, hot showers, stress, and exercise. This form consists of only flushing, and is devoid of the pimples or skin thickening seen in other forms.

Although this type is limited to simple redness of the face, it is often the most difficult type of rosacea to treat. The medical treatments that will be mentioned in later sections often fail to treat this underlying redness. Protection from the sun's rays with sunscreen is a simple, basic preventative step that can reduce flushing. Identifying any additional triggers (alcohol, heat, etc.) and protecting against these triggers can improve the overall redness.

For more advanced treatment, certain subtypes of lasers can be used to diminish dilated blood vessels. This treatment option may not apply to

all rosacea patients, and it is best to set up a consultation with a dermatologist well-versed in lasers to determine whether laser therapy would suit an individual patient. Newer therapies will likely continue to emerge as research continues. In recent years, topical creams that constrict skin blood vessels have shown some promise as a new potential treatment for the flushing of rosacea.

Pimples and Pustules ("Papulopustular Rosacea")

In addition to the redness seen in the flushing form, this second subtype of rosacea involves inflamed red bumps (pimples) and small fluid-filled pus pockets called "pustules." This form of rosacea has perhaps the highest number of available treatment options. FDA-approved therapies include metronidazole (available as a topical cream or gel), azelaic acid (another topical gel), and doxycycline (an antibiotic pill that is beneficial due to its anti-inflammatory properties). It is

important to understand that these treatments aim to relieve the raised red bumps and pustules, but do not alleviate the underlying redness.

Skin Thickening ("Phymatous Rosacea")

In phymatous rosacea, patients experience significant thickening of the skin. The skin surface often becomes irregular and pock-marked in this subtype, and is most often seen over the skin of the nose. Perhaps the most notable historical figure with this form of

rosacea was the late comedian W.C. Fields. This can be the most striking subtype of rosacea, and treatment of this form tends to involve surgical procedures or potent lasers.

Rosacea of the Eyes ("Ocular Rosacea")

Although rosacea is most commonly thought of as a skin condition, many rosacea patients develop symptoms that extend to their eyes. These patients often develop itching, burning, or a gritty sensation in their eyes. These patients' eyes may be noticeably red, and they commonly develop a sensitivity to bright lights. For patients being evaluated for rosacea, it is important to bring up any eye-related symptoms to your doctor. A referral to an ophthalmologist may be appropriate for a number of patients to form a comprehensive treatment plan.

In Closing

If you've been diagnosed with rosacea, remember that you're not alone! Rosacea is one of the most common skin concerns seen in a typical dermatology office. While the condition is not life-threatening, it can be troubling to a number of patients. The forms of rosacea are varied and complex, and new research on the cause of rosacea and future treatments is ongoing. By establishing care with a local dermatologist, you and your physician can work together to establish goals of care and find the treatment plan that best suits you.



Department News!

American Academy of Dermatology - Presidential Citation Awards

Congratulations to both Dr. Bruce Strober and Dr. Jane Grant-Kels on their recent Presidential Citation from the American Academy of Dermatology. Dr. Strober will be awarded his citation in recognition of his significant contributions and dedication to promoting excellence in psoriasis research. Dr. Grant-Kels will be awarded for her significant contributions and dedication to promote the most ethical practices in medicine.

Welcome - Victoria Cialfi, PA-C

UConn Health welcomes our newest physician assistant, Victoria Cialfi, MHS, PA-C, to our dermatology practice. Victoria has 13 years experience and is currently accepting new patients in our Farmington and Canton offices.

Project SEARCH

Project SEARCH is a one year school-to-work program that takes place entirely at the workplace. Students learn skills needed to be independently employed through total workplace immersion. The program focus is on serving young adults with a variety of developmental disabilities. Sponsorship of this program is provided by Favarh, Dors, Connecticut's Department of Developmental Services, Regional School District No. 10, and UConn Health. Our department has accepted interns since the Fall of 2015 and is extremely proud to be participating in this program.

Tell Family Members and Friends About UConn Dermatology!

With offices in Farmington, Canton, and Southington, our highly experienced and board-certified faculty and providers will administer excellent health care to you, your family and friends.

We thank you for choosing UConn Dermatology for your dermatologic care. Call for an appointment today.

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

**Department of Dermatology
UConn Health
21 South Road, Second Floor
Farmington, CT 06030-6231**

Main Line: 860-679-4600

Web: dermatology.uchc.edu

Janelle Ricketts, MD, MBA

Dr. Ricketts is a board-certified dermatologist who joined our practice in the fall of 2011. She earned her undergraduate degree in biology at Harvard University. She obtained her medical degree at the University of Connecticut School of Medicine and at the same time her MBA at the School of Business. Dr. Ricketts also completed her intern year of residency and dermatology residency here in 2011. She currently is the Director of Skin of Color at UConn Dermatology and her clinical interests include medical dermatology and hair disorders. Dr. Ricketts is currently accepting new patients in our Farmington and Canton offices.



Sam Awan, MD, PGY 2

Dr. Awan is our first-year dermatology resident. He obtained his Bachelor of Science in biology from Illinois Wesleyan University. After obtaining his MD from the University of Illinois College of Medicine, he completed his intern year of residency with the University of Illinois Internal Medicine Program prior to moving to Connecticut. His clinical interests include inflammatory skin conditions, connective tissue diseases, and examining the intersection of literature and medicine. In his spare time, he enjoys biking, writing, and lamenting the trials and tribulations of life as a Lakers fan in the heart of Celtics Nation.



Patient Services Representatives

Robin Anderson, Doreen Barnofski, Dino Circosta, Darlene Florio and Janice Rondinone are the department's Patient Services Representatives (PSR's). They are responsible for the overall day-to-day process of what makes our practice run smoothly. They assure that all patient billing from our providers are coded and charged accurately for all treatments that are done in our Farmington, Canton, and Southington offices.

