

From Cradle Cap To Adulthood

Seborrheic dermatitis is a common skin condition which presents as a red, itchy, scaly, rash most commonly seen on the scalp, eyebrows, the groove by the sides of the nose, the skin behind the ears and the middle of the chest. Less commonly, it can be seen under the arms, in the groin and around the breasts—usually when the condition is left uncontrolled. It is commonly aggravated by changes in humidity, changes in seasons, scratching or stress.

The condition is called “cradle cap” on babies and usually resolves on its own by the time the infant is 12 months old. Seborrheic dermatitis usually has its onset during puberty, peaks at about age 40 and gradually lessens in severity over time. It can have intermittent periods of inactivity with periods of burning, scaling and itching.

It seems to be associated with an abnormal immune response to a fairly normal skin fungus called *Malassezia*. Treatment with over-the-counter shampoos containing salicylic acid, selenium, sulfur or zinc is the first step. Prescription shampoos containing ketoconazole or topical steroids are usually highly effective. Facial areas often respond to prescription creams containing ketoconazole, sulfur, topical steroids or anti-inflammatory agents.

STASIS DERMATITIS affects the legs

Swollen, itchy, discolored skin on the lower legs often appears in patients who have a condition known as stasis dermatitis. Constantly being upright allows gravity to impact the small blood vessels called capillaries in our legs. As the body ages, these small blood vessels can weaken which leads to congestion in the vessels. If the skin does not get its required oxygen and nutrients, it cannot get rid of the waste products that accumulate in the tissue. The skin becomes red and swollen which progresses to itching, tingling or soreness.

As the tissue swells, these small, fragile capillaries often rupture, allowing red blood cells to accumulate in the surrounding tissue accentuating the redness. Red blood cells contain an important iron constituent allowing them to carry oxygen known as hemoglobin. When blood cells that have leaked into the tissue are broken down, the iron from the hemoglobin is deposited in the skin causing a brownish pigmentation. As the condition progresses and more and more red blood cells leak out, are broken down, and the discoloration becomes more pronounced and permanent.

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compromised, the skin often becomes dry, flaky and ultimately inflamed, raw and itchy. If untreated, lation and nutrition, healing is compromised.

Anything that puts stress on the circulation can aggravate stasis dermatitis. Smoking, high blood pressure, obesity, fluid retention, plus previous injuries to the effected extremity can create problems.

Reducing the pooling or blood that occurs in the legs is essential. Wearing knee high support hose is a must. When possible, elevate your legs above your heart. Keep the skin as healthy as possible by applying moisturizer after bathing or showering, and reapply moisturizer at any time the skin appears dry and flaky. If the skin becomes inflamed, a topical steroid can be prescribed to reduce the redness and discomfort. If ulcerations occur, wrapping the legs with a medicated bandage called an “Unna” boot will reduce the congestion and gradually allow the skin to heal.

Unfortunately, once stasis dermatitis develops, it is a lifelong condition that requires care and treatment to prevent its progression and subsequent problems

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Managing Acne Issues

Zits, pimples, acne—no matter what you call it—is the most common skin disorder in teenagers and continues to be a problem for many adults. There is no single cause for the problem that is appropriately, medically called acne vulgaris. It is not caused by dirt or poor hygiene; it is not a reaction to certain foods and, it cannot be cured overnight.

The sebaceous follicles affected by acne vulgaris are localized primarily on the face and trunk. Excessive sebum combines with sloughing cells from the follicle walls to form a plug called a comedone. If the oil gland is open to the surface, it's called a blackhead; if closed over, a whitehead. The plug is a perfect place for *P. acnes* to grow, and resulting in inflammation and ultimately a pimple or cystic lesion.

In general, topical retinoids are an effective treatment because they help normalize the removal of dead skin cells from the opening of oil glands, and hair follicles, thus extruding existing comedo-

nes and preventing the formation of new microcomedones. Retin-A has been used effectively for acne since the 1970s. A third generation retinoid, tazarotene, developed in the '90s possesses the extra benefit of reducing inflammation.

Topical retinoids are the most effective comedolytic agents available for the treatment of acne. Because the comedones is the primary acne lesion, preventing the formation of new comedones, unplugging existing comedones interrupts the progression of future inflammatory lesions.

Recent studies have shown good clinical improvement utilizing a combination of antibiotics and topical tazarotene. Although, it's difficult to be patient while wearing unsightly acne, 12 weeks is often necessary to appreciate the full effects of treatment. Once improvement is achieved, continued use of tazarotene alone can often maintain control of acne vulgaris.

Dry Climate Can Cause NUMMULAR ECZEMA

Nummular eczema is a common problem in dry climates. Although an exact cause is not known, the problem is most often seen with dry skin aggravated by indoor or outdoor environments with low humidity. Factors that may cause increase problems include wool clothing worn next to skin, topical preparations such as soaps and detergents and/or frequent bathing that strips oils from the skin causing excessive dryness. Excessively dry skin creates small breaks in the skin barrier which allows irritants to reach the deeper layers of the skin resulting in inflammation.

Nummular eczema often begins as a group of tiny red spots with some crusting. They enlarge and coalesce and often “weep” or drain small amounts of fluid. They develop into a reddened, itchy, scaly, coin shaped (nummular) lesion from 2 to 10 centimeters in diameter. The lesion may be uniformly red at first and somewhat clear at the center to form a “ring” that resembles a ringworm infection.

The most common areas for nummular eczema are the legs, hands, arms and torso. The problem is more common in men in their 50's and 60's, but can occur at any age.

People with a tendency toward excessively dry skin are prone to this. Living in the dry Rocky Mountain climate can exacerbate the problem which means one needs to take extra care to avoid irritating cleansers and to moisturize their skin and keep it hydrated. Use a mild soap—Cetaphil, Aveeno, or Dove—and apply moisturizing agents that both provide moisture to skin cells and prevent evaporation of water.

Once lesions appear, treatment consists of topical anti-inflammatory steroid agents to reduce the inflammation and itching. In severe cases, the problem can involve large areas of the body and may require oral steroids to control the outbreak.

Taking charge of SEBORRHEIC KERATOSES

Seborrheic keratoses (plural) are the most common type of growth in older individuals. Although the question of why they develop is unanswered, they do seem to become more prevalent as we mature and occur more frequently in sun-exposed areas. Some people appear to inherit this tendency to develop lesions.

Often seborrheic keratoses begin as light brown, flat areas that have fairly sharp, defined borders. With time, the surface develops more of a hill and valley configuration leading to a velvety appearance which gradually thickens to a warty surface that appears to be “stuck on” the skin surface. Gradually they enlarge and the numbers increase involving almost any site on the body with the exception of the palms and soles. In one study, approximately 55% were found on the trunk, 15% on the hands, 11% on the face and neck and the remainder scattered on the extremities.

The lesions are usually round and oval and are often oriented in the direction of skin folds. They feel soft and greasy and from time to time portions of this thickened build up of dead skin cells will flake or peel off. Occasionally, a seborrheic keratosis can become red, itchy and inflamed. When this occurs, the process is self limiting and when

the inflammation resolves, most of the lesion peels off and is gone.

Seborrheic keratoses are an annoyance. Lesions can itch and rub or catch on clothing, thereby becoming inflamed. Patients often consider them unattractive and associate them with getting older. Often patients are concerned that these enlarging lesions are malignant. Although seborrheic keratoses are benign, it is important to have them checked from time to time, especially since a person with many seborrheic keratoses may not notice a worrisome or malignant pigmented lesion that may develop among the seborrheic keratoses.

Keeping the lesions moisturized using products containing ammonium lactate (found in over the counter Amlactin or Lacticare lotion) or alpha hydroxy acids have been reported to reduce the build up of dead skin cells and the height of seborrheic keratoses.

The easiest treatment involves cryotherapy (liquid nitrogen spray). The lesion will crust and peel off in 7-10 days. Since seborrheic keratoses are benign, most insurance companies consider the removal of seborrheic keratoses to be a cosmetic procedure unless the lesion is inflamed or unless it is causing other medical problems.

The dermaSpa Skin Nutrition line of products is available in our offices and also at Andrisen-Morton Women's, 210 St. Paul in Cherry Creek North and at the Matrix Spa, 925 Lincoln in Denver.

Battling Sebaceous Hyperplasia

Sebaceous Hyperplasia is a common benign condition of sebaceous glands often seen in adults in their 50's and older. Sebaceous glands are found throughout the body except on the palms and soles. They are part of the hair follicle units and are most numerous on the face, chest, back and upper outer arms.

Shortly after birth, the sebaceous glands are initially large but regress fairly quickly. At puberty, sebaceous glands enlarge and become increasingly active due to increased production of androgen hormones in our bodies. Even though these hormone levels decrease as we get older, the cells of the sebaceous glands can become enlarged and present as sebaceous hyperplasia. This is especially noticeable on the face where glands can be enlarged up to 10 times their normal size.

Sebaceous hyperplasia are usually round, discrete, yellow bumps that are raised and appear to have a depressed center. They are usually soft and vary in size from 2-9 mm. Sebaceous hyperplasia is completely benign and does not require treatment. However, patients often find them cosmetically unacceptable and wish to have them removed.

Patients sometimes request treatment using lasers, but a medical hyfrecator (electric needle) is more effective. A topical anesthetic can be placed on the skin to minimize any discomfort. The treated areas will form a crust or scab that will fall off in 7-10 days. More than one treatment may be necessary for larger lesions.

Since their appearance can have characteristics similar to the skin cancer, basal cell carcinoma, any lesion that is growing, bleeds or is changing should be evaluated in our office.

Chronic exposure to the sun can cause ACTINIC KERATOSES

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Since the circulation and nutrition of the skin is compromised, the skin often becomes dry, flaky and ulti-

mately inflamed, raw and itchy. If untreated, ulcers or sores may develop. And, due to poor circulation and nutrition, healing is compromised.

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Are You At Risk For Skin Cancer?

TAKE THE TEST

Hair color?
Blonde or Red = 4
Brown=3
Black=1

Eye color?
Blue or Green=4
Hazel=3
Brown=2

When exposed to one hour of summer sun, you...
Burn and sometimes blister=4
Burn then tan=3
Tan=1

Do you have freckles?
Many=5
Some=3
Few=1

Has anyone in your family had skin cancer?
Yes=5
No=1

Where is your job?
Outdoors=4
Mixed=3
Indoors=2

Where in the United States did you live most of the time before the age of 18?
South=4
Midwest=3
North=2

Total points _____
10-15=Below average risk
16-22=Average risk
23-25=High risk
26-30=Very high risk