

# DERMATOLOGY

# insights

AMERICAN ACADEMY  
AAD  
1938  
OF DERMATOLOGY

a patient's guide to healthy skin, hair & nails

Spring 2001

## A Closer Look at Skin Cancer

- Troubling but treatable
- Learning the ABCDs of melanoma
- Recognizing the 3 forms of skin cancer
- Choosing the right sunscreen
- Assuring accurate diagnosis

**New relief for**  
psoriasis, eczema, & acne

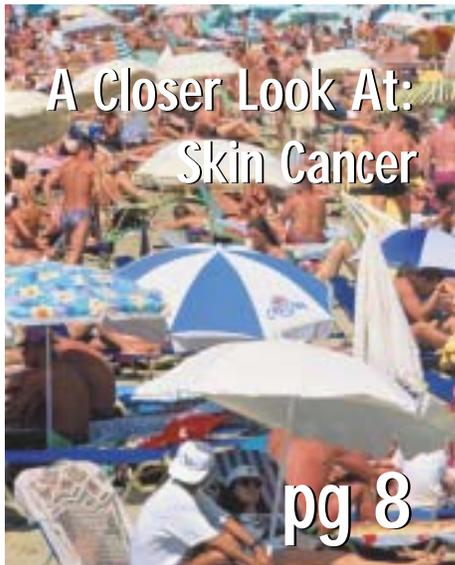
**Halt hair loss**  
remedies and resources

**Bug repellants**  
questions & answers

Compliments of the American Academy of Dermatology and:

wrinkle treatment  
power liposuction

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## Children Matter

The American Academy of Dermatology (AAD) launched the *Year of the Child* campaign to address the dermatological health problems that affect children. The nationwide campaign has been a huge success, and we continue to look for ways to identify, prevent, diagnose, and treat the skin conditions that can cause pain, discomfort, social stigma, and heartbreak for children.

As part of the initiative to promote the ideals of the *Year of the Child*, the AAD hosted a consensus conference in January on pediatric atopic dermatitis, a severe form of eczema, and the most common skin disorder of children. The apparent increase in atopic dermatitis in North American children was discussed. Some of the possible causes for this rise were looked at, and the latest methods of treatment were presented.

An important facet of pediatric dermatology issues is to continually strive to raise awareness about dermatological issues that face children and their parents. One of our primary, ongoing efforts in Washington is to work toward passing legislation on childhood deformities that would require health insurance companies to recognize vascular birthmarks of the face, such as port-wine stains and hemangiomas, as medical conditions, not just "cosmetic" problems. The AAD is also stressing sun safety for children. This area deserves more attention, particularly in view of the fact that 80 percent of sun damage occurs before age 18.

The AAD is working with world-renowned illusionist David Copperfield in a media campaign called "Don't Let Anything Get in the Way of Being a Kid." Mr. Copperfield has donated his time and talent to appear in print and two television public service announcements, one stressing help for children with disfiguring birthmarks, the other addressing the issue of seeing a dermatologist for teen-age skin problems.

Children's health is a priority at the AAD, and we will endeavor to make every year the *Year of the Child!*

Richard K. Scher, M.D.  
President, American Academy of Dermatology

### PRESIDENT, AAD

Richard K. Scher, M.D.

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*The American Academy of Dermatology is the largest and most representative of all dermatologic associations. The Academy is committed to advancing the science and art of medicine and surgery related to the skin; advocating quality dermatological care for everyone, education, and research in dermatology; supporting and enhancing patient care; and promoting lifelong healthy skin, hair and nails.*



“This message isn’t about magic, it’s about medicine.”

*-David Copperfield*

Amanda was born with a serious skin condition. A red birthmark covered almost half her face. Left untreated, it could have damaged her self-esteem, and she wouldn’t be the happy, outgoing child she is today. Most skin conditions are treatable. And while they won’t disappear by magic, they can disappear with the help of a dermatologist. For more information, call **1.888.462.DERM** or visit **www.aad.org**. Don’t let anything get in the way of being a kid.

# New Therapies Show Promise...

## For Treating Psoriasis

*Psoriasis is estimated to affect seven million Americans. This difficult to control condition is characterized by round, reddish skin patches with scales on the scalp, knees, elbows, hands, and feet. Psoriasis is an autoimmune disorder in which skin cells complete a life cycle in three days rather than a normal, 30-day cycle. Though the exact cause is unknown, many scientists believe that heredity is a factor. New alternatives for psoriasis sufferers have recently become available.*

### EXCIMER LASER THERAPY

An alternative to traditional light therapy, excimer laser (UVB) therapy was approved by the Food and Drug Administration (FDA) last year and is showing good results for some psoriasis patients. Steven Feldman, M.D., Ph.D. is an associate professor of dermatology and pathology at Wake Forest University School of Medicine where this laser is currently being tested.

"A significant benefit of the laser treatment is that only the psoriasis plaques are targeted," he said. "Normally, UV treatments are limited by toxicity to unaffected skin. Because only the psoriasis is treated with the laser, higher doses of UV can be used and treated areas clear more quickly. The short-term risk of this is the possibility of a sunburn-like reaction in treated areas. We don't know the long-term risks yet, but we expect them to be very small."

Traditional UV therapy from a pho-

totherapy unit remains a better option for patients with an extensive psoriasis outbreak.

### BIOLOGICALLY ENGINEERED DRUGS

More than 40 experimental drugs are currently being tested for treatment of psoriasis.

Targeting very specific immune reactions, **anti-CD11a** (administered through weekly injections either at home or at a physician's office) and **alefacept** (administered by intravenous or intramuscular injection) are two new biologically engineered drugs that are proving to be as effective as today's most powerful psoriasis treatments, but with potentially fewer side effects.

In a recent study of more than 1,000 patients, 30 percent were virtually clear of psoriasis after using alefacept, and many more realized some improvement. Further testing is expected to be completed this year. Pending FDA approval, alefacept could be commercially available by 2002.

### OTHER EMERGING OPTIONS

Corticosteroid foam treatments, such as **clobetasol propionate (OLUX Foam)** and **betamethasone valerate (Luxiq Foam)**, are new alternatives for patients who find the residue from other corticosteroid treatments uncomfortable.

More than 40 other experimental drugs are currently being tested for the treatment of psoriasis.



Laser therapy was approved by the FDA last year for the treatment of psoriasis.

## For Treating Eczema

*Sometimes referred to as eczema, atopic dermatitis causes dry, scaly and thickening skin on the face, arms and legs, and can have severe physical as well as psychological effects on children.*

### TOPICAL TREATMENTS

Moderate to severe atopic dermatitis is most often treated with topical steroids. In the most difficult cases, oral steroids (or **cyclosporin**) are used for treatment. Although these therapies often bring relief, they can result in serious, long-term side effects, particularly in children.

However, recent advances in topical treatments are offering hope for relief. A new class of topical treatments, called topical immunomodulators, or TIMs, is

proving to be very successful in studies, and without the adverse side effects seen in other treatments.

**Tacrolimus** is one of two new TIMs that have performed well in extensive trials. This medication has recently been approved by the Food and Drug Administration (FDA) in ointment form.

Early trials of another topical immunomodulator, **ascomycin derivative (SDZ ASM 981 cream)**, have shown promise for the treatment of atopic der-

matitis. During two 26-week trials involving 403 patients aged 2 to 17 years old, 37 percent of patients were clear or almost clear of the disease, while more than 65 percent of patients experienced some degree of improvement. Of those showing improvement, more than 85 percent were completely cleared of their dermatitis. The cream is not yet available to consumers. Additional studies to determine its effectiveness are currently underway. **Dj**

*Ben Shaberman*

# psoriasis eczema seborrheic dermatitis

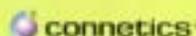


As with any prescription medication, some people may experience a few side effects.

**Information on OluX:** The most frequent side effects of medicines containing clobetasol propionate are burning, stinging, or itching at the application site. These side effects should disappear shortly after application. There may be other side effects associated with the chronic use of clobetasol propionate. Speak to your doctor for more information.

**Information on Luxiq:** The most frequent side effects associated with the use of Luxiq include mild and transient burning, stinging, or itching at the site of application. These side effects typically disappear soon after application.

Let your doctor know if you have any unusual side effects that you do not understand, if you notice any irritation of the treated skin area, or if the affected area does not seem to be healing after 2 weeks of using OluX or after several weeks of using Luxiq.



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## Consider the problem.

Frustrated by the messy gels, solutions, creams, lotions, and ointments typically used to treat conditions like psoriasis, eczema, and seborrheic dermatitis?

## Now consider foam.

Now there are two powerful and elegant ways to treat the problem: OluX<sup>™</sup> Foam, and Luxiq<sup>™</sup> Foam. These foam-based products produce fast, highly effective results without making your life more difficult. They're both easy to apply, fragrance-free, nongreasy, nondripping, and stain-free, so they won't stain clothes or linens.<sup>1</sup> Additionally, foam spreads easily and dries quickly, so you can get dressed right after application.

OluX and Luxiq—two powerful medications that come in a unique foam that 4 out of 5 patients surveyed overwhelmingly preferred.<sup>2</sup> All in all, it's a winning combination well worth considering.

## Ask Your Doctor.

Talk to your dermatologist about the treatment that's right for you.

For more  
severe conditions,  
or short-term use



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and long-term use

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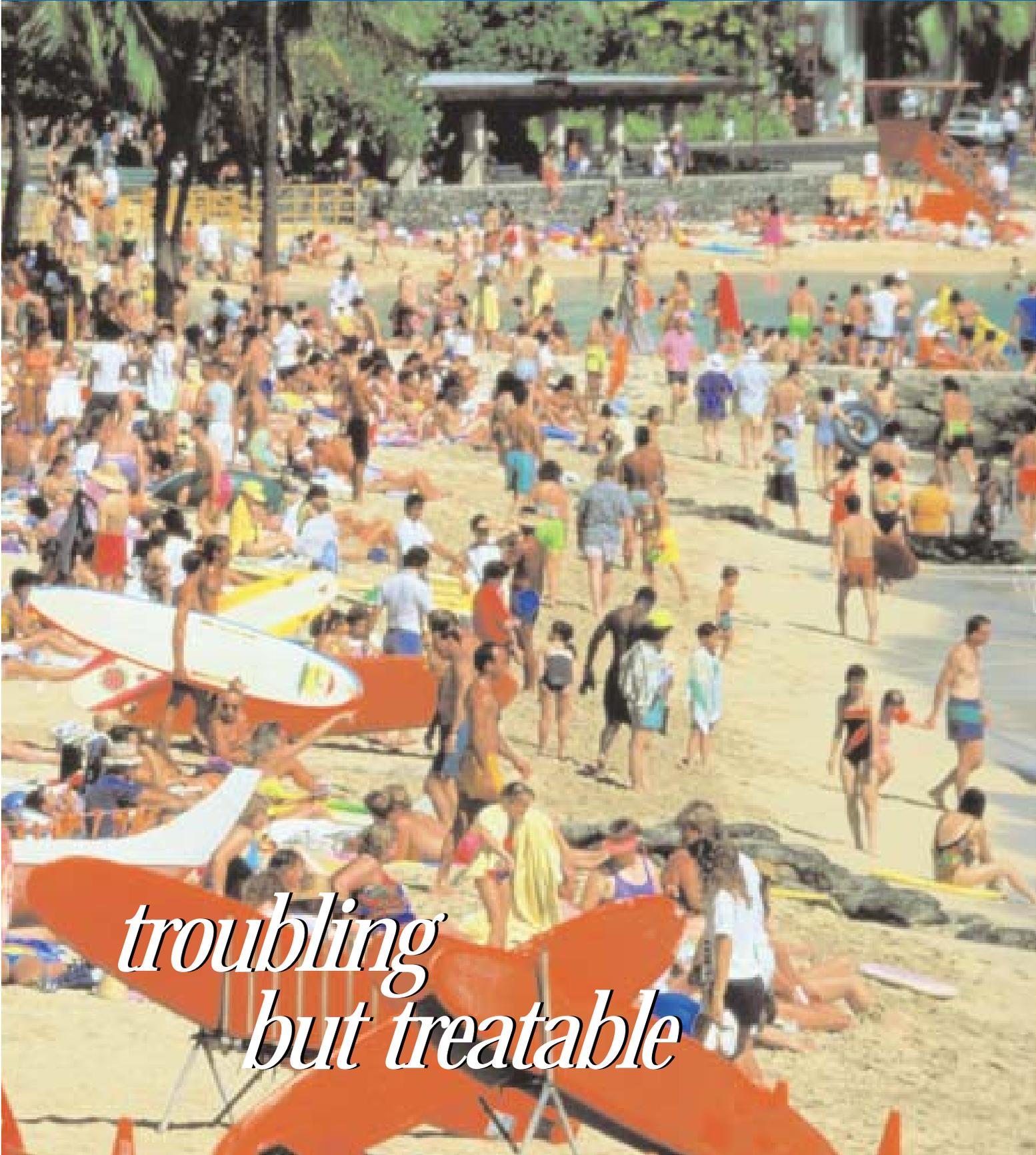
  
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SKIN, HAIR, AND NAIL INSIGHTS

# A CLOSER LOOK AT: SKIN CA



*troubling  
but treatable*

# CANCER

# S

kin cancer is the most common form of cancer, and the number of cases continues to grow. In this year alone, an estimated 51,400 cases of melanoma, the deadliest form of skin cancer, will be diagnosed resulting in almost 8,000 deaths. More than one million new cases of skin cancer occur each year.

"All three forms of skin cancer have been increasing in recent years, in part because more people spend more leisure time in the sun," said Albert M. Lefkovits, M.D., assistant clinical professor of dermatology, Mt. Sinai Medical Center, New York.

Yet, if diagnosed early, skin cancer is highly treatable. In addition to sun avoidance and self-inspection, an annual skin examination by a dermatologist is the best defense.

"The American Academy of Dermatology and the American Cancer Society recommend that everyone get a complete skin surface examination once a year," explained Dr. Lefkovits. "That way, we can make a diagnosis of skin cancer at its earliest stage before it can cause very much damage."

Early diagnosis prevents basal cell carcinomas from becoming locally damaging lesions. Malignant melanoma can lead to serious illness, even fatal outcomes, so it's particularly important to diagnose as early as possible. Melanoma is usually treatable if detected in its early stages — before it spreads to other organs.

If a dermatologist detects suspicious-looking lesions, a biopsy will be taken to determine if they are malignant. People with a personal history of skin cancer or dysplastic nevi — atypical moles that are larger and more numerous than regular moles — must be watched very carefully for suspicious lesions as they are at increased risk for developing melanoma.

In recent years, the advent of dermoscopy has helped dermatologists to determine more accurately whether skin

lesions are malignant. Using a dermatoscope — an illuminated hand-held microscope — the dermatologist can view small structural features within a pigmented lesion that are not visible to the naked eye.

"Dermoscopy does two things," observed Dr. Lefkovits. "It may reduce or eliminate the need for biopsy because it increases the precision of the diagnosis. It also allows us to look at smaller lesions that might have been missed and detect melanomas at an earlier stage."

More recently, the development of computer and digital imaging, or digital microscopy, allows dermatologists to record images digitally and even compare

lesions at different intervals. Many systems have lenses that enable a microscopic image to be enlarged more than 30 times.

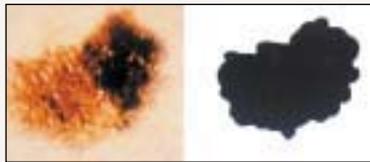
"Digital microscopy enables us to see beneath the surface of the skin, increasing the accuracy of diagnosis," said Dr. Lefkovits. "This is helpful for anyone being examined, but particularly patients with dysplastic mole syndrome."

The best defense against skin cancer is an aggressive offense. Regular visits to your dermatologist, as well as skin self examinations, can be life savers. Dj

*Kevin Orfield*

## Learning the ABCDs of Melanoma

During a skin cancer screening, as well as recommended patient self-screenings, dermatologists commonly apply the ABCD rule to diagnose melanoma. Skin lesions are more likely to be malignant melanoma when one or more of the following is observed:



**Asymmetry:** One side of a mole doesn't look like the other side.



**Border:** The edges of a mole are ragged or uneven.



**Color:** More than one color is present in a single mole. A melanoma may include streaks of tan, brown, black, red, white, and blue.



**Diameter:** A mole becomes larger than pencil eraser size or changes its shape.

*For further information about the treatment of skin cancer, ask your dermatologist. Additional patient information is available from the American Academy of Dermatology at 1-888-462-DERM, or [www.aad.org](http://www.aad.org).*

# recognizing the 3 FORMS of skin cancer

It is estimated that more than one million Americans develop skin cancer every year. Three forms of skin cancer are:

## 1 BASAL CELL CARCINOMA.

Usually appears as a small, fleshy bump or nodule — most often on the head, neck and hands. Occasionally, these cancers may appear on the trunk as red patches. Untreated, the cancer will begin to bleed, crust over, heal and then the cycle repeats. Although this type of cancer rarely metastasizes (spreads to other parts of the body), it can extend below the skin to the bone and cause considerable local damage.



basal cell carcinoma

## 2 SQUAMOUS CELL CARCINOMA.

May appear as a bump or as a red, scaly patch. Typically, it is found on the rim of the ear, the face, the lips and mouth. This cancer can develop into large masses. Unlike basal cell carcinoma, it can metastasize.



squamous cell carcinoma

## 3 MALIGNANT MELANOMA.

Like the less aggressive skin cancers, melanoma is almost always curable when detected in its early stages. Melanoma has its beginnings in melanocytes, the skin cells that produce the dark, protective pigment called melanin. It is melanin that makes the skin tan, acting as partial protection against sun. Melanoma cells usually continue to produce melanin, which accounts for the cancers appearing in mixed shades of tan, brown and black. Melanoma can also be red or white. Melanoma tends to spread, making early treatment essential.



malignant melanoma

Dermatologists recommend that one helpful way to discover early skin cancers is to do periodic self-examinations. Get familiar with your skin and your own pattern of moles, freckles and "beauty marks." Watch for changes in the number, size, shape and color of pigmented areas.

*Call your dermatologist  
if any changes are noticed!*

# prevention & detection

Skin cancer screening is the main weapon in the war against skin cancer.

Throughout the year, you can take advantage of free skin cancer screenings offered by as many as 2,000 dermatologists nationwide. Screenings conveniently take place, often at local hospitals and work places, in conjunction with health fairs and as part of other special events. To locate a screening in your area, visit the American Academy of Dermatology Web site, [www.aad.org](http://www.aad.org).

"I recommend initial skin cancer screening to fair skinned people above the age of 50 and to younger individuals with significant risk factors such as family history of skin cancer, fair skin, excessive sun exposure, and many moles," said Dr. Allan C. Halpern, M.D., chief of the dermatology service at Memorial Sloan Kettering Cancer Center, New York.

## self-examination



Examine body front and back in mirror, then right and left sides, arms raised.



Bend elbows, look carefully at forearms, back of upper arms, and palms.



Next, look at backs of legs and feet, spaces between toes, and soles.



Examine back of neck and scalp with a hand mirror. Part hair to lift.



Finally, check back and buttocks with a hand mirror.

# Melanoma Monday May 7

This year's Annual Melanoma Skin Cancer Detection

and Prevention Month will kick off May 7, "Melanoma Monday." Now in its seventh year, Melanoma Monday is a day set aside by the American Academy of Dermatology to encourage skin self-examination as a lifelong habit to aid in the early detection of the deadliest form of skin cancer, melanoma.



# *broad spectrum* SUNSCREENS



## *offer broader* PROTECTION

a closer look

**a**

When you're buying sunscreen in anticipation of enjoying outdoor summer activities, you may notice something new on the label. In addition to the sun protection factor (SPF) number, it may say "broad spectrum." What is a broad spectrum sunscreen, and why do you need it?

broad spectrum sunscreen filters out both of the sun's harmful rays, known as ultraviolet-B (UVB) and ultraviolet-A (UVA) radiation. The primary cause of sunburn and skin cancer is UVB radiation. However, in the past couple of years, UVA radiation has been linked to premature aging and skin cancer.

"It has become increasingly clear that UVA rays work with UVB rays in producing skin cancer," explained Henry W. Lim, M.D., chairman and Clarence S. Livingood chair in the department of dermatology at Henry Ford Health System, Detroit.

UVA rays can also induce wrinkling, freckling and photosensitivity. (See article about sun sensitivity on page 14.)

There are 10 times more UVA rays than UVB rays, and the UVA rays penetrate more deeply into the skin, according to Vincent A. DeLeo, M.D., chairman of the department of dermatology at St. Luke's-Roosevelt Hospital Center, New York. "Now that we know that UVA radiation can do so much damage to the skin, consumers need to use a sunscreen that protects them from both types of rays."

Although a sunscreen with an SPF of 15 or higher blocks out the sun's UVB rays, a broad spectrum sunscreen contains specific ingredients that also protect against the sun's UVA rays. Those ingredients include zinc oxide, titanium oxide, oxybenzone and avobenzone (also called Parsol 1789).

According to Dr. DeLeo, the amounts of these ingredients might vary from product to product, so the strength of the protection against UVA radiation is unknown.

Until the Food and Drug Administration (FDA) determines a standard for measuring a sunscreen's ability to provide protection from UVA rays, consumers should

*"sunscreen with an SPF of at least 15 should be used throughout the year"*

check the ingredients list to see that those key ingredients are included.

Consumers should refer to the SPF as the primary consideration for determining a sunscreen's potency. Although SPF numbers range from 2 to 60, the American Academy of Dermatology recommends using a sunscreen with an SPF of 15 or greater, depending on your skin type, every day of the year.

"An SPF of 15 should protect most people regardless of where they live in the United States," Dr. DeLeo said. "But, a fair-skinned person going on vacation to the Caribbean may need a sunscreen with an

SPF of at least 30."

The form of sunscreen you choose — ointment, cream, gel, lotion, or wax stick — should be based on your skin type and parts of the body on which it will be applied, according to Marianne N. O'Donoghue, M.D., associate professor of dermatology, Rush Presbyterian St. Lukes Medical Center, Chicago.

For example, ointments and creams work better on dry skin, while gels work better on oily skin. "Most people get acne on their face and chest, so a gel is better for those body parts, while a cream works well on arms and legs," she said.

"In addition to using a sunscreen, you should practice good sun protection," Dr. Lim suggested. "This strategy includes wearing a wide-brimmed hat, protective clothing, and staying in the shade during peak sun hours, 10 a.m. until 4 p.m." *Dj*

*Ruth Carol*

## Skin Categories

Skin Type	Sun History	Example
I	Always burns easily, never tans, extremely sun sensitive skin	Red headed, freckles
II	Always burns easily, tans minimally, very sun sensitive skin	Fair-skinned, fair-haired, blue-eyed
III	Sometimes burns, tans gradually to light brown, sun sensitive skin	Average skin
IV	Burns minimally, always tans to moderate brown, minimally sun sensitive	Olive skin
V	Rarely burns, tans well, sun insensitive skin	Medium-to-dark skin
VI	Never burns, deeply pigmented, sun insensitive skin	Dark skin

## Lips and Eyes need sun protection, too

Even small body parts, such as lips and eyes, need protection from the sun's ultraviolet (UV) rays. Rough spots, persistent scaly patches, or dryness, especially on the lip's edge, can all be signs of skin cancer.

"The problem is that evolving cancers on your lips don't necessarily feel abnormal," said Barbara Reed, M.D., associate clinical professor at the University of Colorado Health Sciences Center in Denver. "Often, your lips have gotten sun damage without you even being aware of it."

So how do you know if your lips are suffering from the sun's harmful rays? "If you're out in the sun a lot and you're not wearing a lip block or lip-stick with a sunscreen, your lips are getting sun damage," Dr. Reed said.

Sun damage can also induce cold sores and freckles on the lips.

Wax-based lip balms with a sun protection factor (SPF) of 15 can help prevent sun damage. Fair-skinned individuals who tend to sunburn rather than tan should wear a lip balm with an

SPF of 30. Dr. Reed suggested lip balm be reapplied every 30 minutes because it tends to wear off easily.

Lip balms or sunscreen sticks can also be applied over the eyebrows to protect sensitive skin there and to prevent sunscreen from dripping into the eyes — another sun-sensitive body part that tends to be neglected.

Sunglasses, particularly the wraparound styles, also protect the eyes from sun damage. Consumers should look for sunglasses that block 99 to 100 percent of the full UV spectrum. Darker is not necessarily better. "In fact, if the sunglasses are very dark they allow your pupils to open up more and let in extra UV radiation," cautioned Dr. Reed. Check for labels that indicate "comprehensive UV protection."

Sun damage to the eyes results in the formation of cataracts, skin tags on the eyelids and growth of tissue over the white part of the eyes (known as pterygium). Sunburn to the eyes, called photokeratitis, is a very painful condition. In addition, UV rays are believed to contribute to the eye disease known as macular degeneration.

Wearing a wide-brimmed hat also helps protect the eyes, ears and nose, as well as areas of the scalp that have a lack of hair or thin hair. *Dj*

*Ruth Carol*



## Advances in Laser Surgery repair sun-damaged skin

Sunlight wreaks havoc on unprotected skin. Age spots, wrinkles, leathery skin, and cancer are some of the results of overexposure to the sun. Fortunately, today's laser resurfacing treatments can restore sun-damaged skin to a more youthful appearance, and may even prevent the development of skin lesions that may evolve into cancer.

Lasers work by producing powerful beams of light that remove surface layers of skin. The damaged skin is eventually replaced with a new layer of healthier-looking skin. This technology has been in existence for about 30 years, but recent advances have made lasers more precise.

One type of advanced laser is the ultra-pulse carbon dioxide laser (CO<sub>2</sub> laser), which emits a colorless, infrared light that is highly absorbed by water — a major component of skin tissue. The CO<sub>2</sub> laser treats sun damage with very low risks of scarring. "This may temporarily remove 80 to 90 percent of the sun-damaged skin," explained Bruce E. Katz, associate clinical professor of dermatology at the College of Physicians and Surgeons of Columbia University, New York.

One downside of the CO<sub>2</sub> laser treatment, however, is a long recovery time. Patients must be home for up to 10 days after the procedure.

Another type of laser used for skin resurfacing is the Erbium:YAG, which also emits a high-powered pulse of light for

a very short period, making it possible to direct the laser beam exactly on the area to be treated. With a single application, the Erbium:YAG removes about one-third the amount of tissue than the CO<sub>2</sub> laser, making it three times more precise and minimizing damage to surrounding skin, Dr. Katz explained.

In addition to its greater precision, recovery time with the Erbium:YAG is about half that of the CO<sub>2</sub> laser.

"So, people are back to work in three, to five days compared to seven to 10 days with the CO<sub>2</sub> laser," Dr. Katz said.

The Erbium:Yag does have disadvantages, however. "The Erbium causes less heating of skin beyond the target layer," according to Ralph A. Massey, M.D., a dermatologist in

private practice in Santa Monica. "This has an advantage of possibly quicker healing and less redness, but the disadvantage of more bleeding and less thickening of the skin."

Another advantage of using laser surgery for sun-damaged skin is in the prevention of precancerous lesions. Preliminary research also shows that laser resurfacing may be effective in removing multiple actinic keratoses, the precancerous lesions that carry a 1 to 10 percent risk of developing into skin cancer. *Dj*

*Karen Wagner*

### How Laser Resurfacing Can Improve Skin

- removes the top layer of damaged skin
- reduces wrinkles
- reduces discoloration
- improves leathery texture characterized by sun-baked skin

Patients with skin disease continually struggle to cope with their condition. *Dermatology Insights* offers a place where you can learn about the personal experiences of people with different types of skin conditions, as well as share your story with others.

## My Experience *with* MELANOMA

written by Jill Gould, a skin cancer survivor and *Dermatology Insights* reader



**F**or as long as I could remember, I'd had a mole on the inside of my right leg

just above my ankle. It was a brown mole about the size of a pencil eraser and slightly raised. I shaved over it daily.

Two years ago at age 27, I noticed the mole's color had slightly darkened. During my annual physical, my doctor commented that the mole looked suspicious and suggested I see a dermatologist. We arranged an appointment a few weeks later.

The dermatologist immediately noticed the mole and said, "That has to come off now." Within days of my first visit, I returned to the clinic with my husband, because I was a little scared. My dermatologist numbed the area and cut out my mole leaving about four stitches. The surgery was not painful, and my mole was to be analyzed by a dermatopathologist — a physician specially trained to read pathology slides of skin and nails.

When my dermatologist briefly mentioned possible outcomes of the pathology report, I heard her say the word *melanoma*. All I knew about melanoma then was that it was cancer. I believed, as many wrongly do, that skin cancer is only on the surface. You get rid of it and your problem is solved. This isn't always true.

My dermatologist soon called me with terrifying news: my mole was cancer. This required additional surgery to attempt to remove all the cancer cells by cutting away more skin and tissue from around the site.

As I anxiously awaited my second surgery, the wheels in my head started turning. I had skin cancer! What did this

*“I stopped worrying about losing my hair and started asking ‘Will I survive?’ ”*

mean? I wondered if I would lose all of my long hair. Through my research, I learned that melanoma could be a deadly disease. I stopped worrying about losing hair and started asking, "Will I survive?"

I was lucky — my cancer was in the earliest stage, when treatment is typically re-excision of the area. For the surgery, my doctor drew a picture on my leg of how much skin and tissue would be cut out. Shots numbed the surgical site. My dermatologist decided against lymph node biopsy because of the level of invasion and my age. Good news.

The surgery resulted in 54 stitches — 30 on the skin surface and 20 or so below. I visited my dermatologist frequently for progress checks. My leg took months to heal. I underwent a procedure called "dermabrasion" to improve the appearance of my scar. This procedure required the dermatologist to numb the scarred area, wrap a piece of sanitized sand paper around some gauze, and sand my scar.

Since my diagnosis, I have had seven additional biopsies. I had a head-to-toe skin exam every three months for the next two years, an exam every six months for two more years, and annually after that. I always bring prepared questions to ask my dermatologist and point out any moles that appear suspicious. I look for changes in the borders, color, diameter, or any itching or bleeding. She appreciates that I am taking an active role in my health care.

In addition to examining my moles, I am now devoted to year-round sunscreen (being careful to cover every inch of exposed skin), sun protective clothing, and limiting my time in the sun. I buy sunscreens with Parsol 1789 (avobenzone), an ingredient recommended by my dermatologist and the American Academy of Dermatology. We also now plan outdoor activities in the morning until 10 a.m., and after 4 p.m. Our lifestyle has definitely changed, but we do not regret it. I am happy to be alive.

Having cancer taught me that the meaning of life lies in the relationships that you have with others. I have a close circle of family and friends who supported me and learned from my experience. Many others haven't learned and continue to practice unsafe sun habits and use tanning beds.

One in five of us will get some form of skin cancer in our lifetime and that population includes a large proportion of younger people. It is estimated that one person dies of melanoma every hour. It will kill approximately 7,800 Americans this year. Don't be one of them. **Dj**

*The American Academy of Dermatology encourages you to continue to write to us about topics you'd like to see covered in future issues of *Dermatology Insights*. We're committed to giving you reliable information, timely articles, and the latest news on a wide range of dermatological issues. To submit a Patient Perspective article or story ideas for articles to *Dermatology Insights*, contact Dean J. Monti, associate editor, via e-mail at [dmonti@aad.org](mailto:dmonti@aad.org) or fax (847) 330-8907.*

# Medications Can Trigger Sun Sensitivity

Do you burn in the sun more readily than you used to? Has this happened only recently? If so, you may have developed photosensitivity that could make you more susceptible to the sun's damaging rays.

"Photosensitivity is an exaggerated reaction to the sun or artificial light sources," explained Craig A. Elmets, M.D., professor and chairman of the department of dermatology, University of Alabama, Birmingham. It can take the form of sunburn, a blistering rash or an allergic skin reaction, such as an itchy, persistent redness that lasts several days.

Although photosensitivity can be inherited, taking medication brings on many cases. Three common groups of medications associated with photosensitivity are antibiotics, diuretics, and retinoids, such as **tretinoin (Retin-A)**, **isotretinoin (Accutane)**, and **acitretin (Soriatane)**. Some drugs used to treat cancer, diabetes, and high blood pressure can also cause a photosensitive reaction. Even high doses of **ibuprofen**, **naproxen** and other non-steroidal anti-inflammatories, commonly pre-

scribed for arthritis and minor aches and pains, can cause photosensitivity.

How do you know if you are experiencing a photosensitive reaction due to medications? "If all your life your skin has reacted one way and it suddenly changes, then it would be a good idea to ask your doctor about the medications you are using," suggested Barbara Reed, M.D., associate clinical professor at the University of Colorado Health Sciences Center in Denver.

Sometimes just switching the time that the medication is taken, such as at night versus in the morning, can correct or lessen the problem, said Dr. Reed. Another option is to change the prescription to one that does not cause sensitivity to the sun.

"If you suspect that a drug is causing your photosensitivity, you should talk with your dermatologist to confirm your suspicion," she said. "Whatever you do, you don't want to stop taking the medication without talking to your doctors, including the ones who prescribed them."

If the drug cannot be switched, using a broad-spectrum sunscreen containing zinc oxide, titanium oxide, or avobenzone (also called Parsol 1789), may help individuals better tolerate the sun, according to Dr. Elmets. "Of course, the best thing to do is avoid sun exposure," he advised. *Dj*



Ruth Carol



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## Assuring the accurate diagnosis of skin cancer

Four years ago, Mark Lebwohl, M.D., sent a biopsy of an irregular mole that he suspected was malignant to an HMO lab. When he got the report back, it said "normal skin," non-technical terminology that indicated the mole had not been properly diagnosed. Dr. Lebwohl got a second opinion, which confirmed that the patient had melanoma, the deadliest form of skin cancer.

"I felt strongly because I knew the person providing the diagnosis wasn't a dermatopathologist, and if I hadn't asked for the slides, the patient would be dead today," recalled Dr. Lebwohl, professor and chairman, department of dermatology,

Mt. Sinai School of Medicine, New York. "I resigned from the HMO at that point."

Many dermatologists share Dr. Lebwohl's concern that skin and nail biopsies are not being read by dermatopathologists — usually because of restrictions by health insurance plans. Under managed care plans, dermatologists are often required to send biopsies to laboratories mandated by the plan, not to one they would choose. A recent American Academy of Dermatology (AAD) study reports that more than 60 percent of its members who have worked with managed care companies were restricted from using a dermatopathologist (a board-certified specialist with formal training in diagnosing skin and nail abnormalities). As a result, many skin cancers were misdiagnosed, often with fatal results.

"For 75 years, the standard of care has been for dermatologists to send biopsies to dermatopathologists that they've selected themselves or to read their own slides," explained Clay J. Cockerell, M.D., clinical professor of dermatology and pathology, University of Texas Southwestern Medical Center, Dallas.

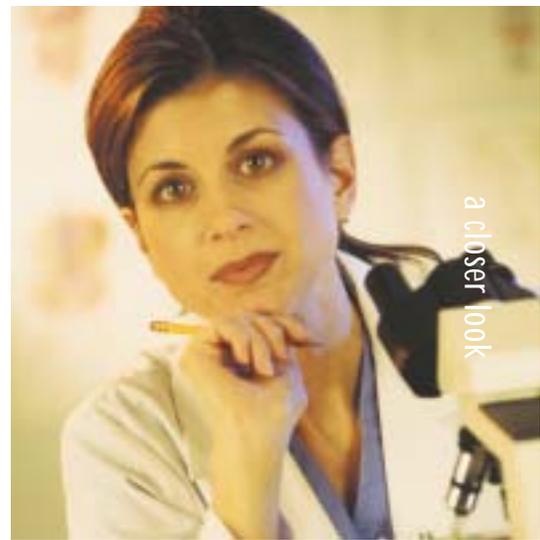
"But with the onset of managed care, many insurance companies do not permit these practices and mandate that skin biopsies be sent to large corporate labs. This results in a number of problems — especially misdiagnosis with inappropriate treatment — increasing the cost of medical treatment and leading to potential legal liability," Dr. Cockerell added.

If a laboratory lacks a physician or sufficient numbers of physicians with a high level of training and experience in dermatopathology or immunopathology, specimens must be sent to multiple differ-

ent laboratories in multiple locations — depending on the mandates of various insurance plans. Recently, the AAD and the American Society of Dermatopathology issued a joint statement which said, "This dissemination of specimens results in interpretations by a variety of individuals whose expertise may be unknown to the treating physician, and whose terminology may be unfamiliar to the treating physician. Often no working relationship has been established between the clinician and managed care pathologist. This subjects the patient to a likelihood of having the skin biopsy specimen misinterpreted."

Because they are specially trained, dermatopathologists are, by far, the most qualified to read skin biopsies. In addition to at least one more year of specialty training, many are board certified in dermatology. "Every day, all dermatopathologists do is evaluate skin biopsies. Who do you think is going to be better?" Dr. Lebwohl asked. "Would you go to a carpenter to repair your plumbing?"

The solution is for patients to become better advocates for their



a closer look

health. In cases where patients have a skin lesion or nail lesion removed or biopsied, they should demand that it be sent to a dermatopathologist, especially one that is used by a doctor for non-managed care patients.

"There may be an additional cost involved because the managed care plan does not utilize a dermatopathologist, but it is our feeling that that the additional expense may save lives," said Richard K. Scher, M.D., president of the AAD, a nail researcher, and professor of clinical dermatology at Columbia University in New York. "Dermatopathologists specialize in this area — they are the experts."

The AAD is currently working to get legislation passed in the United States Congress that will give dermatologists who participate in managed care health plans the right to refer biopsies to a dermatopathologist of their choice in managed care organizations. Dj

Kevin Orfield

## WHAT CAN *you* DO?

If you have a question about a previously-performed skin or nail biopsy, it is within your rights as a patient to request a copy of the report and to ask about the qualifications of the physician who reviewed the specimen.

If the managed care plan you belong to restricts access to dermatopathologists, contact the plan's medical director about its policy, or talk to your employer's benefits manager about your concerns. You may also choose to write to your state insurance board and elected officials.



# SEVERE ECZEMA *strikes hard at* CHILDREN

During the American Academy of Dermatology's "Year of the Child," increased awareness is being focused on skin diseases that affect children. Atopic dermatitis — a severe form of eczema — is most prevalent in children.

**a**pproximately 10 percent of all infants develop the skin disease, and 60 percent of those children will continue to suffer from some form of dermatitis throughout their lives.

In fact, atopic dermatitis represents the most common pediatric skin disease. Studies indicate the incidence of atopic dermatitis has tripled since 1970 — largely due to environmental factors, an increase in the irritants and allergens that can cause the malady.

Characterized by itchy, red, swollen, and crusty patches that may cover small or large areas of the body, atopic dermatitis can be particularly difficult for children and their families. Often with children, atopic dermatitis outbreaks are severe, and occur in highly visible places such as the face and hands. Intense itching and dry skin often cause sleeplessness, resulting in daytime fatigue. These symptoms, coupled with the embarrassment of skin disfiguration, often create emotional distress for school-age children and their parents. Children may experience a loss of self-esteem and productivity at school because of the disease and its effects.



Amy S. Paller, M.D., head of the division of dermatology at Children's Memorial Hospital and professor of pediatrics and dermatology at Northwestern University Medical School,

*atopic dermatitis represents the most common pediatric skin disease*

Chicago, said, "Teen-agers and kids are so self-conscious to begin with, that embarrassing outbreaks can really be deflating, which certainly will have an impact later in life."

For relief, dermatologists recommend that patients and their families avoid common irritants such as perfumes, rough or tight clothing, and wool. Proper bathing techniques, moisturizing, and special consideration for weather extremes can help minimize discomfort. Parents are often encouraged to give up family pets and replace carpets with wood floors, as well as alter social plans when their children are suffering.

There is no known cure for atopic dermatitis, and relief, especially for children and adolescents, is often elusive. Conventional treatments for milder cases include moisturizers, antihistamines, and topical steroid preparations.

For more severe cases, oral steroids, light therapy (UVA or UVB), and cyclosporine (an immunosuppressive drug commonly used to prevent rejection of transplanted organs) are often used. Antibiotics are also prescribed to control skin infection that is common with atopic dermatitis. Though many of these more aggressive therapies can provide substantial relief, long-term use may result in significant, adverse side effects.

Several promising advancements in the treatment of atopic dermatitis are now in development, and are expected to reach consumers soon (see related article on page 4). D;

*Ben Shaberman*

## SOOTHING *your child's* ECZEMA



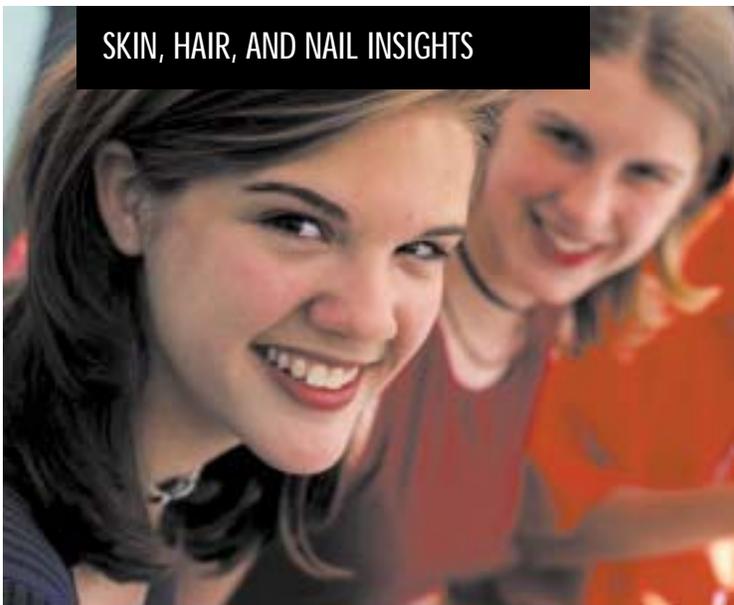
Give children lukewarm baths and let them soak fully to hydrate their skin.



Avoid irritants, such as woolen or synthetic fabrics, detergents and chlorine, and allergens such as dust mites, pollen, and animal dander.



Apply a moisturizer three minutes after bathing or showering to seal in hydration.



# the art *of* ACNE TREATMENT

Maybe you've noticed...teen-agers seem to have clearer skin these days. But that's not because acne is no longer a problem. Today, there are a variety of new medications available to help the approximately 20 million teens that suffer from this skin condition nationwide.

*“treating acne is an art form  
and dermatologists are the artists!”*

There are numerous medications available today that work specifically to address varying degrees of acne severity, and work with the specific type of skin involved (oily, normal, dry, or sensitive).

Some of the most effective, traditional treatments for acne are retinoids — medications that work to unplug the oil ducts by reducing the amount of oil secretion.

"Those agents are the critical common denominator for success in clearing acne," said Stephen H. Mandy, M.D., clinical professor of dermatology at the university of Miami.

**Tretinoin** is used for mild to moderate cases of acne. Some new topical retinoids available to acne patients are **adapalene** and **tazarotene**. These medications are available through your dermatologist, by prescription only. A more powerful, oral retinoid used for severe recalcitrant nodular acne, is called **isotretinoin**. These drugs are not for use in women who are pregnant, or who may become pregnant while undergoing treatment. Side effects, such as depression, are also possible. A thorough discussion with your dermatologist of drug-related risks is recommended.

**30%** ←  
Acne is not only a teen's problem. According to the American Academy of Dermatology, about 30 percent of teen sufferers will also have acne as adults. Acne may also occur for the first time in adulthood without a prior teen-age experience.

A group of newer, topical medications that also work to unplug the oil ducts include the **alpha hydroxy** family of preparations. These are mild exfoliant or peeling agents, often available without a prescription, or "over-the-counter."

However, one such medication that is obtained by prescription only is called **azelaic acid**, which is an extremely effective treatment for mild acne in the early stages of development and for treatment of acne scarring, according to Dr. Mandy.

"Alpha hydroxy medications are not on the magnitude of the retinoids, but for very mild acne, they are less irritating and better tolerated," he explained.

Dr. Mandy said one of the most common anti-acne agents used today is benzoyl peroxide, which targets and destroys the bacteria that grow within the infected areas on the skin.

This medication is available in various forms, including lotions, soaps, and gels, and can be obtained in both prescription and over-the-counter preparations.

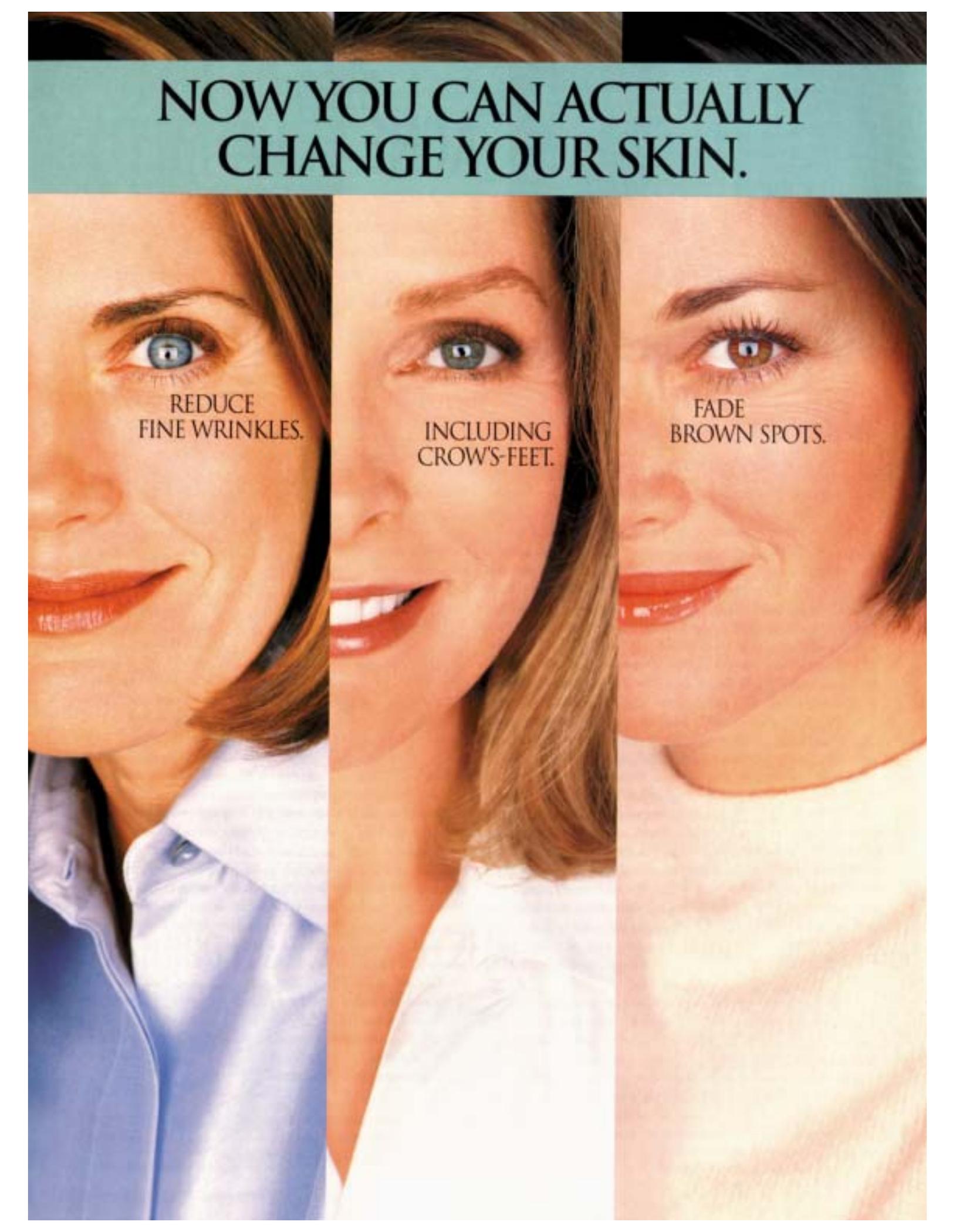
Benzoyl peroxide is also available by prescription in combination with antibiotics. A topical gel that contains the antibiotic **erythromycin**, is the most common of these medications. A new benzoyl peroxide medication containing the antibiotic **clindamycin** will soon be on the market, according to Dr. Mandy.

Whatever form of acne you have, it's crucial that the first step toward treatment be consulting your dermatologist, who can recommend the best therapy, and determine whether the particular case will be persistent or will clear up in time.

Your dermatologist can treat acne scarring, if it already exists, along with the active acne, by dermabrasive or laser resurfacing as well as soft tissue fillers. "With one visit to a dermatologist, you can save yourself a lot of time and money on less-than-effective acne treatments," said Dr. Mandy. "Treating acne is an art form, and dermatologists are the artists." **Dj**

*Karen Wagner*

*For further information about acne treatment, ask your dermatologist. Additional patient information is available from the American Academy of Dermatology at 1-888-462-DERM or [www.aad.org](http://www.aad.org).*

A vertical triptych of a woman's face. The top panel shows her with fine wrinkles around her eyes. The middle panel shows her with a more youthful appearance, including the reduction of crow's feet. The bottom panel shows her with a clear complexion, where brown spots have faded. The background of the top panel is a teal banner with white text.

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FINE WRINKLES.

INCLUDING  
CROW'S-FEET.

FADE  
BROWN SPOTS.

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RENOVA 0.05% is clinically proven to reduce fine wrinkles, including crow's-feet, and fade brown spots when used as part of a total skincare program that includes your moisturizer and sun protection.

## ONLY RENOVA IS APPROVED BY THE FDA.

RENOVA 0.05% is unlike every other wrinkle cream you've ever used. After controlled clinical trials, RENOVA is the only one approved by the FDA. RENOVA is a rich emollient prescription cream whose active ingredient is Tretinoin, a Vitamin A derivative like the one that naturally occurs in your body. While it will not *repair* sun-damaged skin, *eliminate* wrinkles or *reverse* the aging process, it is proven to *reduce* fine wrinkles, including crow's-feet, and *fade* brown spots. RENOVA should be used as part of a total skincare program that includes sun protection.

## ASK YOUR DERMATOLOGIST IF RENOVA IS RIGHT FOR YOU.

RENOVA 0.05% is not appropriate for everyone so talk to your dermatologist if you are on other medications, pregnant, attempting pregnancy or nursing. See attached information for more on who should or shouldn't use RENOVA 0.05%. Results beyond 11 months have not been established in controlled clinical trials. Clinical trials in those over 50 or with moderately or heavily pigmented skin have not been conducted.

When you use RENOVA 0.05% you may experience some redness, itching or flaking because it is a dermal irritant. This is most often mild and most common when treatment is started. Remember to limit your time in the sun and always wear a sunscreen and protective clothing.

All before-after photographs are completely unretouched. Results are after 6 months treatment with RENOVA 0.05% and a total skin care program, including sun protection.

### FINE WRINKLES INCLUDING CROW'S-FEET



Photo represents minimal improvement. 64% of patients experienced either minimal(40%) or moderate(24%) improvement. 36% experienced no improvement.

### BROWN SPOTS



Photo represents moderate improvement. 65% of patients experienced either moderate(38%) or minimal(27%) improvement. 35% experienced no improvement.

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ASK YOUR DERMATOLOGIST ABOUT OUR NEWEST RENOVA FORMULATION IN A NEW STRENGTH



# RENOVA<sup>®</sup>

(tretinoin emollient cream) 0.05%

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FOR TOPICAL USE ON THE FACE ONLY

### Brief Summary

RENOVA (tretinoin emollient cream) 0.05% contains the active ingredient tretinoin (a retinoid) in an emollient cream base.

**IMPORTANT NOTE** — This information is a **BRIEF SUMMARY** of the complete prescribing information provided with the product and therefore should not be used as the basis for prescribing the product. This summary was prepared by deleting from the complete prescribing information certain text, tables, and references. The physician should be thoroughly familiar with the complete prescribing information before prescribing the product.

### INDICATIONS AND USAGE:

RENOVA (tretinoin emollient cream) 0.05% is indicated as an adjunctive agent (see second listed dose below) for use in the mitigation (prevention) of fine wrinkles, mottled hyperpigmentation, and facial roughness of facial skin in patients who do not achieve such palliation using conventional skin care and an evidence program alone (see listed part 2 for populations in which effectiveness has not been established). **RENOVA DOES NOT ELIMINATE WRINKLES, REPAIR SUN DAMAGED SKIN, REVERSE PHOTO AGING, or RESTORE A MORE YOUTHFUL or YOUNGER DERMAL HISTOLOGIC PATTERN.** Many patients achieve desired palliative effects on fine wrinkles, mottled hyperpigmentation, and facial roughness effects from the use of nonprescription skin care and an evidence program including sunscreen, protective clothing, and emollient creams **NOT** containing tretinoin.

• RENOVA has demonstrated NO MITIGATING EFFECT an significant sign of clinically significant such as **scarring or skin wrinkling, skin peeling, tingling, stinging, itching, skin dryness, erythema, acne, rosacea, or other disease.**

• RENOVA should only be used under medical supervision. An adjunctive skin care and sun avoidance program that includes the use of effective sunscreens (minimum SPF of 15) and protective clothing when desired results on fine wrinkles, mottled hyperpigmentation, and facial roughness have not been achieved with a sun protective skin care and sun avoidance program alone.

• The effectiveness of RENOVA in the mitigation of fine wrinkles, mottled hyperpigmentation, and facial roughness of facial skin has not been established in people greater than 50 years of age. Use is possible with moderately to heavily pigmented skin. In addition, patients with vascular lesions and patients with a history of skin cancer **are excluded** from clinical trials of RENOVA. Thus, the effectiveness and safety of RENOVA in these populations are not known at this time.

• Neither the safety nor the effectiveness of RENOVA for the prevention or treatment of actinic keratosis or skin neoplasms has been established.

• Neither the safety nor the efficacy of using RENOVA for greater than 48 weeks has been established, and daily use beyond 48 weeks has not been systematically and thoroughly investigated in adequate and well-controlled trials. (See **WARNINGS** section.)

### CONTRAINDICATIONS:

This drug is contraindicated in individuals with a history of sensitivity reactions to any of its components. It should be discontinued if hypersensitivity to any of its ingredients is noted.

### WARNINGS:

• RENOVA is a retinoid, and the results of continued inhibition of the skin to greater than 48 weeks in chronic, long term use are not known. There is evidence of atypical changes in melanocytes and keratinocytes, and of increased dermal elastosis in serial patients treated with RENOVA for longer than 48 weeks. The significance of these findings is unknown.

• Safety and effectiveness of RENOVA in individuals with moderately or heavily pigmented skin have not been established.

• RENOVA should not be administered if the patient is also being drug known to be photosensitizing (e.g., thiazides, tetracyclines, furans, quinones, phenothiazines, sulfonamides) because of the possibility of augmented photosensitivity.

Because of high reflectance and absorptivity, exposure to sunlight (including tanning) should be avoided or minimized during use of RENOVA. Patients must be advised to use sunscreen (minimum SPF of 15) and protective clothing when using RENOVA. Patients with sunburns at the head/neck to use RENOVA until fully recovered. Patients who may have combustible ion exposure due to their occupation and those patients with known sensitivity to a single or multiple active ingredients should avoid using RENOVA and sites at the prescription outlined in the Patient Package Insert and advised.

RENOVA should be kept out of the eyes, mouth, angles of the nose, and mucous membranes. Topical use may cause severe local irritation, pruritus, burning, stinging, and peeling at the site of application. If the degree of local irritation warrants, patients should be directed to use less medication, decrease the frequency of application, discontinue use temporarily, or discontinue use altogether.

Tretinoin has been reported to cause severe irritation on exfoliative skin and should be used only with utmost caution in patients with the condition.

Application of larger amounts of medication than recommended will not lead to more rapid or better results, and marked redness, peeling, or discomfort may occur.

### PRECAUTIONS:

General: RENOVA should only be used as an adjunct to a comprehensive skin care and sun avoidance program. (See **INDICATIONS AND USAGE** section.)

If a drug sensitivity, chemical irritant, or a system or adverse reaction develops, use of RENOVA should be discontinued.

Weather extremes, such as wind or cold, may be more irritating to patients using RENOVA.

Information for Patients: See Patient Package Insert.

**Drug Interactions:** Chromatin-topical medications, medicated skin abrasives, shampoo, charcoal, combs with a strong drying effect, products with high concentrations of alcohol, salicylic acid, glycolic acid, permanent wave solutions, shampoos, hair conditioners or masks, and products that may irritate the skin should be used with caution in patients being treated with RENOVA because they may increase irritation with RENOVA.

RENOVA should not be administered if the patient is also taking drugs known to be photosensitizing (e.g., thiazides, tetracyclines, furans, quinones, phenothiazines, sulfonamides) because of the possibility of augmented photosensitivity.

**Carcinogenicity, Mutagenicity, Impairment of Fertility:** In a 16-week dermal study in CD-1 mice, at 100 and 200 times the average recommended human topical clinical dose, a few skin tumors in the female mice and liver tumors in male mice were observed. The biological significance of these findings is not clear because they occurred at doses that exceeded the dermal maximally tolerated dose (MTD) of tretinoin and because they were within the background natural occurrence rate for these tumors in the strain of mice. There was no evidence of mutagenic potential when tretinoin was administered topically at a dose 5 times the average recommended human topical clinical dose. For purposes of

comparison of the animal exposure to human exposure, the "recommended human topical clinical dose" is defined as 200 mg of 0.05% RENOVA applied daily to a 20 kg patient.

In a chronic, two-year bioassay of Vitamin A acid in mice performed by Iqbal and Yumrissa, generalized limited absorption was reported in all groups in the basal layer of the Vitamin A treated skin. In CD-1 mice, a similar study reported hyperkeratosis at the treated skin sites and the incidence of this finding was 0/20, 3/20, 1/20, and 0/20 in male mice and 1/20, 0/20, 4/20, and 2/20 in female mice from the vehicle control, 0.25 mg/kg, 0.5 mg/kg, and 1 mg/kg groups, respectively.

Studies in various strains also suggested that tretinoin may enhance the mutagenic potential of carcinogens. Doses of UVE and LVA light from a solar simulator. In other studies, when lightly pigmented hairless mice treated with tretinoin were exposed to ultraviolet doses of UVE light, the incidence and rate of development of skin tumors was either reduced or no effect was seen. Due to significantly different experimental conditions, no direct comparison of these separate data is possible at this time. Although the significance of these studies to humans is not clear, patients should minimize exposure to UVE.

The mutagenic potential of tretinoin was evaluated in the Ames assay and in the *in vivo* mouse micronucleus assay, both of which were negative.

Female Segment and 6 studies with RENOVA have not been performed in any species. In rat Segment 1 and Segment 2 studies in rats with tretinoin, decreased survival of pups and growth retardation was observed at doses 100-fold (2 mg/kg/day) and 400-fold (the average recommended human topical clinical dose).

### Pregnancy:

**Teratogenic effects: Pregnancy Category C.**

ORL, tretinoin has been shown to be teratogenic in rats, mice, rabbits, females, and adult human primates. In one teratogenic and fetotoxic study in rats when given orally in doses 1000 times the average recommended human topical clinical dose, fetotoxic variations in teratogenic doses among litters of pups of 100 have been reported. In the cynomolgus monkey, which, metabolically, is closer to humans for tretinoin than the other species evaluated, fetal malformations were reported at doses of 10 mg/kg/day or greater, but none were observed at 5 mg/kg/day (200 times the average recommended human topical clinical dose). Although increased skeletal retardation was observed at all doses, Administration increased embryomortality and abortion was reported. Similar results have also been reported in rhesus monkeys.

**TERATOGENICITY:** In animal teratogenicity trials has generated equivocal results. There is evidence for teratogenicity (shortened or increased) of topical tretinoin in rabbits at doses greater than 1 mg/kg/day (50 times the recommended human topical clinical dose). Animate human data show 12%, and 8%, or period completely failed 14% (have also been reported when 10 mg/kg/day was dermally applied). There are other reports in New Zealand White rabbits with doses of approximately 50 times the recommended human topical clinical dose of an increased incidence of combined skeletal hydrocephaly, typical of retinoid-induced fetal malformations in the species.

In contrast, several well-controlled animal studies have shown that dermally applied tretinoin was not teratogenic at doses of 100 and 200 times the recommended human topical clinical dose, in rats and rabbits, respectively.

With widespread use of any drug, a small number of birth defect reports associated temporally with the administration of the drug would be expected by chance alone. Thirty cases of temporally-associated congenital malformations have been reported during the decade of clinical use of another formulation of topical tretinoin (Retin-A). Although no definite pattern of teratogenicity and no causal association has been established from these cases, 5 of the reports describe the rare birth defect category **hydrocephaly** defects associated with incomplete relative development of the forebrain. The significance of these spontaneous reports in terms of risk to the fetus is not known.

### Non-teratogenic effects:

Dermal tretinoin has been shown to be fetotoxic in rabbits when administered in doses 100 times the recommended topical human clinical dose. One fetus has been shown to be fetotoxic in rats when administered in doses 100 times the recommended topical human clinical dose.

There are, however, no adequate and well-controlled studies in pregnant women. RENOVA should not be used during pregnancy.

Nursing Women: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when RENOVA is administered to a nursing woman.

Patients: Use: Safety and effectiveness in patients less than 10 years of age have not been established.

Genetic Use: Safety and effectiveness in individuals older than 50 years of age have not been established.

### ADVERSE REACTIONS:

(See **WARNINGS** and **PRECAUTIONS** sections.)

In double-blind, vehicle-controlled studies involving 173 patients who applied RENOVA to their face, adverse reactions associated with the use of RENOVA were limited primarily to the skin. During these trials, 4% of patients had to discontinue use of RENOVA because of adverse reactions. These discontinuations were due to skin irritation or related cutaneous adverse reactions.

Local reactions such as peeling, dry skin, burning, stinging, erythema, and pruritus were reported by almost all patients during therapy with RENOVA. These signs and symptoms were usually of mild to moderate severity and generally resolved early in therapy. In most patients the dryness, peeling, and redness occurred after an initial (21 week) decline.

### OVERDOSAGE:

Application of larger amounts of medication than recommended will not lead to more rapid or better results, and marked redness, peeling, or discomfort may occur. One ingestion of the drug may lead to the same side effects as those associated with excessive oral intake of Vitamin A.

(X only)

### ORTHO LOGICAL DIVISION

ORTHO PHARMACEUTICAL CORPORATION

Raritan, New Jersey 08869

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# HAIR today GONE tomorrow

## *New treatments for facial hair growth.*

**t**wo breakthrough treatments are now available to women tired of the tweezing, waxing, bleaching, shaving, endless electrolysis, and over-the-counter depilatories used in their battle to control unwanted facial hair.

Laser hair removal — one option available through dermatologists experienced in laser surgery — quickly and safely removes hair better than any conventional and temporary method. The second is a new topical cream on the market that slows down the growth of facial hair.

"Laser removal represents the best long-term hair removal option available to people," said Melanie Grossman, M.D., a New York dermatologist in private practice who specializes in laser hair removal. "In fact, for hair removal in larger areas, such as above the lip, laser hair removal is less expensive, less tedious and less costly over the years than electrolysis," she explained.

Laser hair removal differs from electrolysis in two significant ways. The laser emits a gentle light beam that is passed over the skin with the unwanted

hair. The laser energy is absorbed into the hair, which heats up and ultimately renders the hair follicle unable to grow hair. During electrolysis, a needle must be inserted into each and every hair follicle growing unwanted hair. An electric current passes through the needle resulting in the long-term elimination of hair growth from the follicle.

"Laser hair removal can be used on any area of the body," said Dr. Grossman, "and is especially well-suited for the removal of unwanted facial hair on the chin or upper lip."

The best results in laser hair removal occur on patients with dark hair on light skin, but she says good results are also possible with dark hair on dark skin. On white hair, the procedure is not effective at all, Dr. Grossman pointed out. She added that laser hair removal should not be used on patients using **isotretinoin (Accutane)** to treat acne.

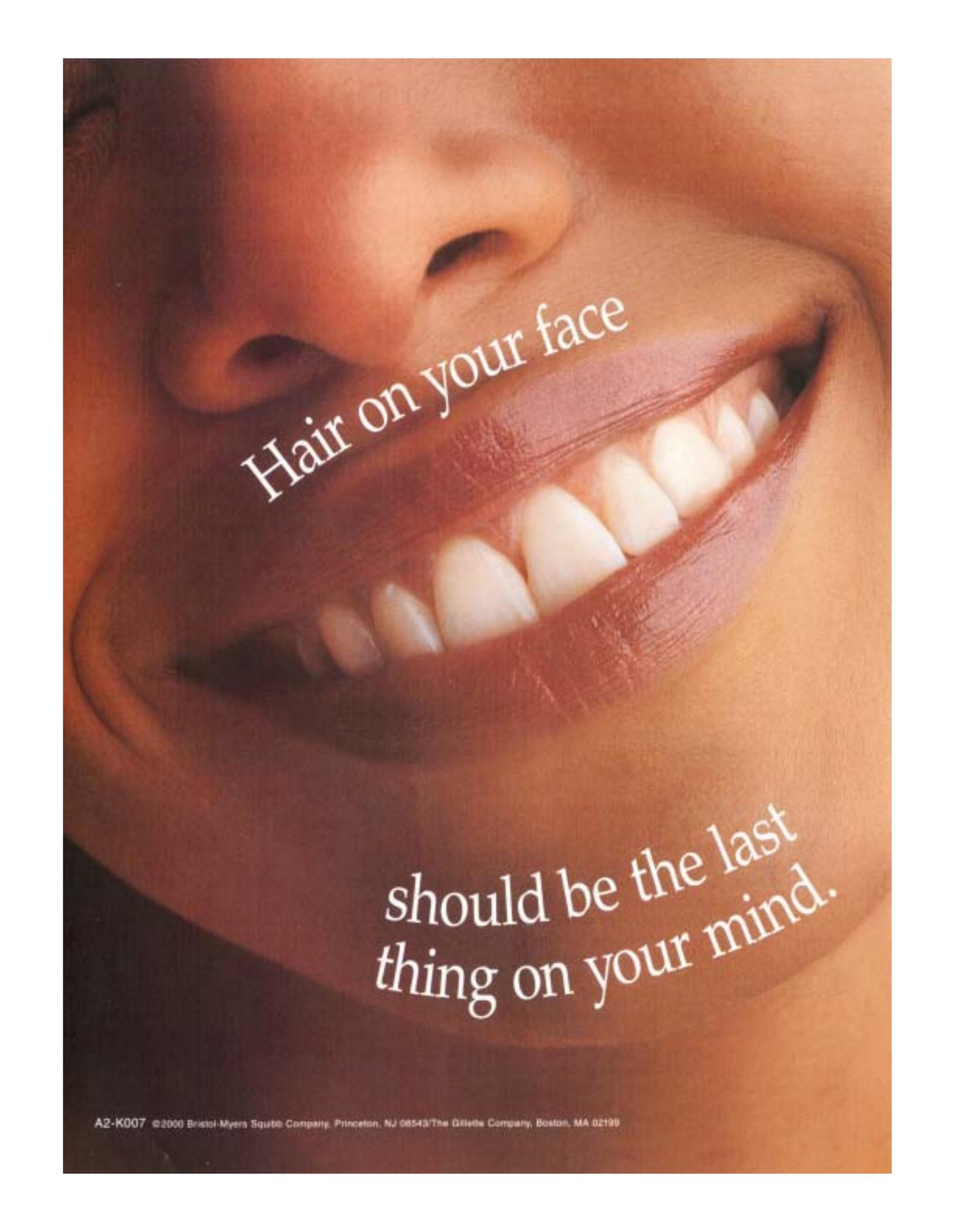
The majority of laser hair removal patients are able to leave the office after the procedure and return to work, school, or normal daily activities without any noticeable discomfort or redness. In some cases, the skin may become pink after laser hair removal treatment, with an appearance similar to mild sunburn. Such side effects last for only a day or two. Other rare and generally temporary side effects include, itching (during treatment), swelling, and temporary pigment change.

Breakthrough hair removal option number two is a new, prescription topical cream, called **eflornithine hydrochloride (Vaniqa)**, that reduces facial hair growth in women. Recently approved by the Food and Drug Administration (FDA), Vaniqa is currently the only prescription treatment available for women with unwanted facial hair.

"The cream is an option which can be used by those patients resistant to laser surgery," said Dr. Grossman. Reduction in hair growth is experienced in about eight weeks. She noted, however, the cream must be used twice daily, and hair does grow back when usage is stopped. Dj

*Ruth Ann Grant*

*For further information about laser hair removal, ask your dermatologist. Additional patient information is available from the American Academy of Dermatology at 1-888-462-DERM, [www.aad.org](http://www.aad.org), and the American Society for Dermatologic Surgery, 1-800-441-2737, [www.asds-net.org](http://www.asds-net.org).*

A close-up photograph of a woman's face, focusing on her nose and a wide, joyful smile showing her teeth. The lighting is warm and soft, highlighting the texture of her skin and the gloss of her lips. The text is overlaid in a white, serif font, following the curve of her smile.

*Hair on your face*

*should be the last  
thing on your mind.*



# VANIQA™

The first prescription cream  
that slows the growth  
of unwanted facial hair  
in women.

Millions of women deal with unwanted facial hair. Now, there's a different way to manage it.

Thankfully, there's VANIQA (VAN-i-ka). Not another remover. Something totally different for unwanted facial hair. VANIQA was studied around the lips and under the chin.

VANIQA can be used on all skin types and fits easily into your daily skin care routine. Use it with your current hair removal method. Improvement may be seen as soon as 8 weeks. Your results may vary. You'll know it's working if you're thinking about removing hair less often.

In clinical trials, some women experienced mild and temporary skin irritations such as redness, stinging, burning, tingling, or rash. VANIQA is a prescription drug for external use only.

So ask your doctor about VANIQA. Now, up close is up to you.

UP CLOSE IS UP TO YOU



# VANIQA™

(eflornithine HCl) Cream, 13.9%

Ask your doctor or  
dermatologist about VANIQA.  
[www.VANIQA.com](http://www.VANIQA.com) 1-877-FaceNews  
See patient information on next page.

 Bristol-Myers Squibb Company

 The Gillette Company

**Patient Information Leaflet for** Rx only  
**VANIQA™**  
 (efloornithine hydrochloride) Cream, 13.9%

**INFORMATION FOR PATIENTS:**

This section contains important information about VANIQA that you should read before you begin treatment. This section does not list all the benefits and risks of VANIQA and does not take the place of discussions with your doctor or healthcare professional about your condition or your treatment. If you have questions, talk with your healthcare professional. The medicine described here can only be prescribed by a licensed healthcare professional. Only your health care professional can determine if VANIQA is right for you.

**What is VANIQA?**

VANIQA (pronounced "VAN-EE-ah") is a prescription medication applied to the skin for the treatment of unwanted facial hair in women.

The active ingredient in VANIQA is eflornithine hydrochloride. VANIQA also contains benzocaine, 20, cinnamyl alcohol, dimethicone, glyceryl stearate, methylparaben, mineral oil, DL-CALCIUM LACTATE, phenoxyethanol, propylparaben, stearyl alcohol and water.

**How does VANIQA work?**

VANIQA interferes with an enzyme found in the hair follicle of the skin needed for hair growth. This results in slower hair growth and improved appearance where VANIQA is applied.

VANIQA does not permanently remove hair or "tone" unwanted facial hair. It is not a depilatory. That treatment program should include consideration of any hair removal technique you are currently using. VANIQA will help you manage your condition and improve your appearance. Improvement in the condition occurs gradually. Don't be discouraged if you see no immediate improvement. Be patient. Improvement may be seen as early as 4 to 6 weeks of treatment. Improvement may take longer in some individuals. If no improvement is seen after 8 months of use, discontinue use. These results show that in about 8 weeks after stopping treatment with VANIQA, the hair will return to the same condition as before beginning treatment.

**Who should not use VANIQA?**

You should not use VANIQA if you are allergic to any of the ingredients in the cream. All ingredients are listed on the tube and at the beginning of this letter.

You should not use VANIQA if you are less than 17 years of age.

**What should you tell your doctor before using VANIQA?**

If you are allergic to any of the ingredients, tell your doctor.

If you are pregnant or plan to become pregnant, discuss with your doctor whether you should use VANIQA during pregnancy. No clinical studies have been performed in pregnant women.

If you are breast feeding, avoid your breast before using VANIQA. It is not known if VANIQA is passed in breast milk through breast milk.

If you are taking any prescription medications, non-prescription medicines or using any food or skin products, check with your physician before use of VANIQA.

**How should I use VANIQA?**

Use VANIQA only for the condition for which it was prescribed by your doctor. It is not given to other people or allow other people to use it.

You will need to continue your normal procedure for hair removal until desired results have been achieved. This may mean the use of electrolysis or electrolysis or removing hair by the electrolysis of hair removal. VANIQA is to be used every day, at least eight hours apart, or as directed by your doctor. VANIQA is for external use only.

Follow the instructions for application of VANIQA carefully. Apply a thin layer of VANIQA to the affected areas of the face and adjacent neck and chest. Rub the cream into the skin and rub in thoroughly. You should not wash the treatment area for at least 1 hour after application of VANIQA.

VANIQA may cause temporary redness, stinging, burning, itching or tingling, especially when the skin is irritated. If irritation continues, avoid use of VANIQA and contact your doctor. Avoid getting the medication in your eyes or inside your nose or mouth. If the product gets in your eyes, rinse thoroughly with water and contact your doctor.

If you forget or miss a dose of VANIQA, do not try to "make up" for it by your normal application schedule as soon as you can.

You may use your normal cosmetic or skin care after applying VANIQA, but you should wait a few minutes to allow the treatment to be absorbed before applying them.

If your condition gets worse with treatment, avoid use of VANIQA and contact your doctor.

**What are the possible side effects of VANIQA?**

VANIQA may cause temporary redness, stinging, burning, itching or rash on areas of the skin where it is applied. Folliculitis (hair bumps) may also occur. If these persist, contact your doctor.

**How should VANIQA be stored?**

VANIQA (efloornithine hydrochloride) Cream, 13.9%, should be stored at 20°C-25°C (68°F-77°F). Do not freeze.

Keep this and all medicines out of the reach of children.

This medicine was prescribed for your particular condition. Do not use it for another condition or give it to anyone else.

This summary does not include everything there is to know about VANIQA. If you have questions or concerns, or need more information about VANIQA, your doctor or pharmacist has the complete prescribing information upon which this information is based. You may want to read it and discuss it with your doctor or health care professional. Remember, the written summary can replace careful discussion with your doctor.

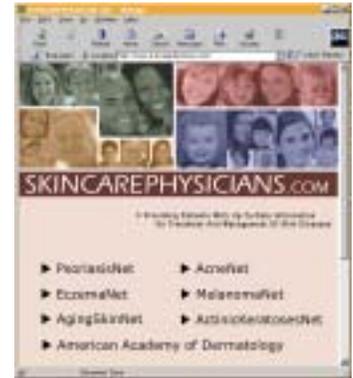
Waltham/DeWitt, Division of Bristol-Myers Squibb  
 Pharmaceuticals, NJ USA 08542  
 Manufactured by Bristol Myers Squibb Company,  
 Buffalo, NY USA 14213  
 U.S. Patent Nos.: 5,048,384 and 4,720,489  
 Under license from Westwood-Geishe Co. Inc. (Licensing Partnership)

A2 800-875-07-00 Bristol-Myers Squibb Company Issue Date: July 2009  
 07-0819-0 Passaic, NJ 07652 U.S.A. 05 0054 0

# Finding Good Information on the Web

Where on the Internet can you get answers to dermatology-related medical questions, as well as advice on the best ways to care for your skin?

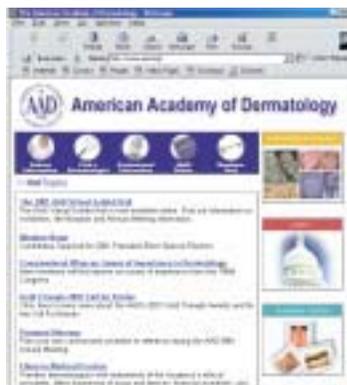
A site called Skin Care Physicians.com (www.skincarephysicians.com), developed by the American Academy of Dermatology (AAD), is a comprehensive online information resource for the general public that focuses on four key conditions: acne, eczema, melanoma, and psoriasis. This site provides patients with up-to-date information on the treatment and management of disorders of the skin, hair, and nails, including educational literature and health guideline descriptions.



www.skincarephysicians.com

The AAD also has a comprehensive Web site featuring important patient information on a number of dermatologic conditions, as well as information about patient support groups for several skin diseases. This site also features a "Find a Dermatologist" option feature to help you locate a dermatologist in your area.

*Both of these sites are updated frequently, so check back often!*



www.aad.org

The American Academy of Dermatology (AAD) Web site (www.aad.org) offers links to the Web pages on Skin Care Physicians.com, access to press releases and news items on the latest skin care findings, and treatment options available for dermatology patients.

**SkinCarePhysicians.com** (www.skincarephysicians.com) is comprised of Web sites on these key conditions:

- **AcneNet** features basic facts about acne, the social impact of acne, why and how acne happens, acne treatments, interactive Q & A, and more.
- **EczemaNet** features facts and myths about eczema, news, healthy skin tips, frequently asked questions, and more.
- **MelanomaNet** is an authoritative source of information about this deadly form of skin cancer.
- **PsoriasisNet** features information about the disease, news, myths and facts, patient stories, and more.



# WRINKLE TREATMENT: *give beauty a shot*

Now you have a surgery-free way to get rid of those wrinkles, and your anxieties about them, with an innovative wrinkle treatment — botulinum toxin (Botox).

*“botulinum can literally change someone’s appearance.”*

Botulinum toxin is a purified form of the toxin, which is best known for its cause of botulism food poisoning. Injected in extremely low doses into facial and neck muscles, botulinum toxin decreases a patient's use of muscles that permit frowning or squinting, and stops the creasing that results in wrinkle lines.

"Botulinum toxin is really the best way to treat wrinkles that occur from movement," said Harold Brody, M.D., clinical professor of dermatology, Emory University School of Medicine, Atlanta. "In addition, we're continually discovering new and exciting uses for botulinum toxin."

## How does it work?

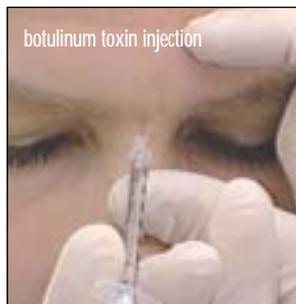
When injected into a target muscle, botulinum toxin relaxes the muscle so it can no longer contract to cause or worsen wrinkles. Botulinum toxin is commonly used by dermatologists for the treatment of furrows (especially between the eyebrows), lines caused by squinting (crow's feet at the corners of the eyes), forehead lines, and wrinkles caused by smiling.

Dermatologists have reported that some patients have experienced less severe migraine and tension headaches as an additional benefit of having their forehead treated with botulinum toxin for wrinkles.

Injected in the neck area, botulinum toxin has successfully reduced visible signs of "turkey neck." Cosmetic enhancements, such as adjusting asymmetrical eyebrows, are also now as simple as a shot of botulinum toxin, explained Dr. Brody.

"Botulinum can literally change someone's appearance. It's a very gratifying thing to do for patients in dermatology," he said.

*For further information about botulinum toxin treatment for wrinkles, ask your dermatologist. Additional patient information is available from the American Academy of Dermatology at 1-888-462-DERM, [www.aad.org](http://www.aad.org), and the American Society for Dermatologic Surgery at 1-800-441-2737, [www.asds-net.org](http://www.asds-net.org).*



## Does it work?

Using botulinum toxin in conjunction with other cosmetic dermatologic surgical procedures — such as soft tissue fillers like collagen and with resurfacing, including lasers, peeling and dermabrasion — has yielded excellent results, according to Dr. Brody. Because it prevents movement, an injection of Botox after resurfacing will prevent the reappearance of movement-induced wrinkles.

Botulinum toxin treatments are quick and easy and usually can be accomplished in a 30-minute office visit with little or no recovery period. Improvements are generally noticed within three to seven days and can last up to four months before treatment needs to be repeated as the muscle action returns. Over time, patients who receive botulinum toxin treatments may experience longer lasting results as the muscle is gradually conditioned to be relaxed, explained Dr. Brody.

In addition, many patients have found that botulinum toxin is an excellent way to control excessive sweating. A minuscule amount injected into the sweat glands of the skin prevents excessive perspiration. Botulinum toxin has successfully decreased sweating when used on underarm skin, skin on the palms, and on the soles of the feet. It has also been used in preventing scalp-line sweating.

Since the early 1980s, botulinum toxin has been used to treat many muscle disorders, including lazy eye, eye tics and uncontrolled blinking. Dermatologic surgeons pioneered the drug more than 10 years ago. Minimal side effects, such as soreness from the injection or bruising, are experienced. In rare cases, patients may experience temporary weakness of muscles neighboring those treated. *Dj*

*Ruth Ann Grant*

### BOTULINUM TOXIN TREATMENT



# POWER LIPOSUCTION *offers safer, faster fat removal*

A new technique in liposuction removes fat faster and can result in smoother-looking skin.

Called power liposuction, this procedure involves the use of a motorized cannula rather than the hand-held device of traditional liposuction. A cannula is a hollow tube with a blunt top that is attached to the end of a vacuum aspirator, a device similar to a vacuum cleaner, which is used to suck out the fat.

With manual liposuction, the dermatologic surgeon moves the cannula back and forth to break up the fat and then suction it out. A motorized cannula has a reciprocating top that moves back and forth at speeds of 3,000 to 5,000 throws per minute over a very tiny distance of only 3 to 5 millimeters — less than a quarter of an inch — a maneuver that a hand could not duplicate.

"This allows us to extract fat more efficiently than simply using the hand to manually move a cannula in and out of fat," explained William P. Coleman, M.D., clinical professor of dermatology, Tulane University School of Medicine, Metairie, La.

In a recent study, Dr. Coleman found that 40 percent more

fat per minute is removed using power liposuction in comparison with the manual technique. Power liposuction also offers benefits for the skin because the motorized technique allows for the use of smaller, more precise instruments.

"And the smaller the instrument, the smoother the results," Dr. Coleman said. He added that power liposuction causes fewer traumas to the tissue, which results in less bruising.

"Patients find it much more comfortable to go through," said Dr. Coleman, who helped to develop the motorized cannula and has performed the new procedure on about 200 patients. "Many people say that it feels like a massage."

In addition to removing fat more efficiently, power liposuction also takes less time to perform than the manual procedure. Not only does this mean less fatigue for the surgeon, "But more importantly, the patient is under anesthesia for a lot shorter period of time, so it becomes a lot safer. And that's a big consideration for patients," said Bruce E. Katz, M.D., associate clinical professor of dermatology at the College of Physicians & Surgeons of Columbia University in New York.

Dr. Katz also noted that power liposuction decreases the need for "touch-up" procedures. He said there is currently about a 10 to 15 percent touch-up rate with traditional liposuction, which means patients return for more liposuction three to six months, or sometimes a year, after the initial surgery was performed because the skin was not quite even.

Dr. Katz, who learned the liposuction technique in France where it was popularized, is so impressed with the power procedure that he believes it will replace the hand held method.

"This is the way most surgeons will be performing liposuction in a year from now," he predicted. *Dj*

*Karen Wagner*



Minimal bruising is one advantage of the new power liposuction treatment.

*Tumescent liposuction, as performed by all cosmetic surgeons,  
was pioneered by dermatologic surgeons!*

## the power of *power liposuction*

- safer and more precise surgery
- less pain, bruising and swelling for the patient
- less time for the procedure
- smaller chance of touch-up procedures after the surgery
- faster recovery
- less fatiguing for the surgeon, and therefore better results

*For further information about liposuction, ask your dermatologist. Additional patient information is available from the American Academy of Dermatology at 1-888-462-DERM, [www.aad.org](http://www.aad.org), and the American Society for Dermatologic Surgery at 1-800-441-2737, [www.asds-net.org](http://www.asds-net.org).*

# GET HELP *for* HAIR LOSS

Facing up to hair loss has never been easy, but recent medical and surgical advances now enable dermatologists to stop, or even reverse, the process with safe, natural-looking results.

"Most Americans will experience some degree of hair loss during their lifetime. There are a variety of reasons why people lose hair, and while there's no quick fix, dermatologists have the knowledge and resources to halt hair loss and generate new growth in many patients," said Walter Unger, M.D., associate professor of medical dermatology at the University of Toronto and co-director of cosmetic dermatologic surgery at Mount Sinai Medical School in New York. People generally seek professional advice before hair loss becomes very pronounced. Treatment begins when a family doctor or dermatologist identifies the source of the problem. Hair loss resulting from severe acute illness, chronic stress, chemotherapy, medication, dieting, giving birth, and other physical or emotional factors usually resolves when the underlying reason is eliminated.

Individually or in combination, topical or oral medications and surgical procedures are the treatments of choice for the most common reasons for hair loss. These include male pattern baldness, androgenetic alopecia (AGA) — a hereditary or genetic hair loss in women — and alopecia areata, a disease that causes hair to fall out, resulting in totally smooth, round patches about the size of a coin or larger (see related article on page 28).

The only topical preparation that promotes hair growth, **minoxidil (Rogaine)**, is massaged twice a day into areas of the scalp where some hair remains. "Some people lose hair more rapidly when they begin using this product," said Dr. Unger, "but within 12 months, 5 percent minoxidil has some effect on hair loss in about 80 percent of patients with male or female pattern baldness."

**Minoxidil** works best when hair loss occurs at the back of the head; women can prevent the side effects of unwanted facial hair by using the 2 percent concentration.

**Finasteride**, prescribed for men in 1-mg (**Propecia**) and 5-mg (**Proscar**) tablets, can improve length, thickness and color of hair at the crown and, to a lesser extent, at the front of the head. "It stops hair loss in 88 percent of men," said Dr. Unger, "and 66 percent experience regrowth in the crown area." Results usually become apparent within three to six

months. Topical finasteride is far less effective on its own but heightens the benefits of the oral medication.

All these products provide temporary benefits, and people who stop using them will start losing hair again. Finasteride can cause birth defects; women of childbearing age should not use or even touch the product.

Dr. Unger said, "Options like smaller, more cosmetically flexible grafts and other innovative tools, new surgical approaches, and novel pain-reduction methods have made hair restoration a successful solution for men and women."

Choices about hair restoration surgery are based on the extent and pattern of hair loss and each patient's preferences and goals. Hair transplantation applies the "donor dominance" theory. The dermatologic surgeon carefully extracts grafts consisting of between one and six hairs from areas of dense, healthy growth and inserts them in areas of the scalp where the patient's hair is thinner. Scars are virtually invisible, and it's rarely necessary to repeat the process. One to three treatments are usually used on a totally bald area.

Most beneficial for patients who are almost bald, scalp reduction involves shrinking or eliminating hairless areas by removing several inches of bald skin and joining the hair-covered sections of the scalp.

Scalp extenders or tissue expanders are sometimes inserted beneath the scalp to augment scalp reductions by stretching hair-bearing areas. Scalp lifts and scalp flaps involve rotating larger sections of hair-bearing scalp to cover bald areas.

"Because the success of any procedure relies greatly on the physician's skill and artistry, it's important to select someone with the appropriate training and experience," said Dr. Unger. "For maximum safety and optimal results, select a board-certified dermatologic surgeon who's an expert in causes and treatment of hair loss."



HAIR TRANSPLANT



Dr. Unger is currently investigating the potential for using "cloning" or cell therapy in hair transplantation. "Within the next 10 years," he said, "it's very likely that we'll all be able to have as thick a head of hair as we want. But since there is no guarantee that this will actually happen, and with sophisticated hair restoration techniques already available, there's no reason to wait for whatever comes next." **Dj**

# Healthy Hair is Always in Style

Long or short. Thick or thinning. Straight, wavy, or a cascade of curls. Whatever kind of hair you have, you're probably keen on keeping as much of it as you can for as long as you can.

We're all going to lose at least a little hair during the course of our lifetime. Each of us normally sheds about 100 hairs a day, and about 35 million men and 22 million women notice a significant number of strands clinging to a comb, collecting on a pillowcase, or circling a shower drain.

Although heredity is to blame for most excessive hair loss in adults, health, personal habits, and environment also play a role.

"Sun, wind and chlorinated water damage the cuticle and make hair more vulnerable to breakage," said Marianne O'Donoghue, M.D., associate professor of

*"overstyling can lead to dryness and breakage"*



*"sun, wind and chlorinated water damage the cuticle and make hair vulnerable to breakage"*



dermatology at the College of Physicians & Surgeons of Columbia University in New York.

"The best way to keep your hair is to keep it healthy," said Bruce E. Katz, M.D., associate clinical professor of der-

matology at the College of Physicians & Surgeons of Columbia University in New York.

Emphasizing that overstyling can lead to dryness and breakage, Dr. Katz suggested that permanents, coloring and other potentially irritating procedures should be used only in moderation. Tight braids, ponytails, and other styles that can strain the hair and cause bald spots on the scalp should be avoided altogether.

Use hair care products formulated for the type of hair you have, the way you live, and any problem you're trying to correct.

Remember that the health of your hair reflects your overall health. Significant changes in its appearance or condition can be a sign of an underlying illness. If your hair looks or feels different than it usually does, or you're losing more of it than you'd like, your dermatologist may be able to get to the "root" of the problem and suggest treatments that are safe, appropriate, and effective. Dj

*Maureen Haggerty*

*For further information about the treatment of hair loss, ask your dermatologist. Additional patient information is available from the American Academy of Dermatology at 1-888-462-DERM, www.aad.org, and the International Society for Hair Restoration Surgery at www.ishrs.org.*

*the health of your hair reflects your overall health*

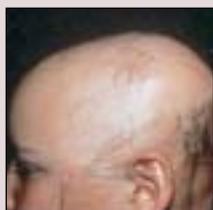
## WHAT *is* ALOPECIA AREATA?

There are three degrees of alopecia areata. This disease may affect children or adults of any age. There is no known cure, but dermatologists can treat many people with this condition.



### ALOPECIA AREATA.

Hair falls out, resulting in totally smooth, round patches about the size of a coin or larger.



### ALOPECIA TOTALIS.

Complete loss of scalp hair.



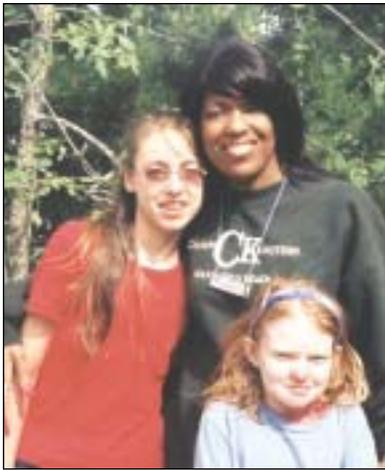
### ALOPECIA UNIVERSALIS.

Complete loss of scalp hair and/or all body hair.



# LOSING HAIR, GAINING FRIENDS

*written by Michelle Smith, an elementary school teacher in Alabama, and a Camp Discovery counselor.*



*Michelle Smith (pictured in center)*

I was 18 years old in 1987 — a confident, secure, and outgoing woman getting ready to go to college, meet boys, and enjoy life. Then, my life took a tragic turn. I

lost all the hair on my head. I can remember looking in the mirror thinking I had trimmed my hair a little bit too short, not realizing it was falling out. When the condition worsened, it felt as if my hair had just been resting on my head, and someone slid it off. I was diagnosed with alopecia totalis, a rare skin disease that results in a total loss of scalp hair.

Losing all of my hair was the most traumatic experience I have ever gone through. Feelings of fear and insecurity dwelt in me for many years until I came to terms with my disease and accepted it. I started a support group in my local area so that men, women, and children could have the opportunity to know others with the same type of skin conditions.

But I wanted to do more. That's when I read about the American Academy of Dermatology's Camp Discovery, a summer camp held each year in Minnesota and Pennsylvania for children ages 10 to 13 with severe skin conditions.

I applied for a camp counselor position and was accepted. I never knew there was such a variety of skin diseases. The children had skin conditions far worse than mine, but their strength and willingness to live life fully was much greater than mine had been.

The children at Camp Discovery are encouraged

to do things they might not normally attempt in their everyday lives. They make crafts, go fishing, ride horses, water ski, swim, knee board, tube, dance, sing, and just plain live, because they know that no one at camp is judging them.

Some might ask why swimming or water skiing is significant. It's because children fear being stared or laughed at, or worse, that some parents might refuse to let their "normal" children play with them or swim in the same water for fear of catching something. To the contrary, no conditions the children at Camp Discovery have are contagious; rather, most are an unfortunate by-product of their gene pool.

I am truly inspired by the children at Camp Discovery. So much so that at 32 years of age I decided to try water skiing while at Camp. With a large group cheering me on, I suddenly found myself being pulled face first, holding the towrope, with no wig on! It was the first time strangers had seen me without my wig. But when I realized that everyone was clapping and laughing, I knew they were proud of me for trying, not thinking about my wig floating somewhere in the lake. I could have given up then, but I wanted the children to know that I was fine, and that it was okay to fail and to try again.



That moment strengthened me, and it's my hope that it strengthened others.

Camp Discovery is a wonderful experience. Dermatologists, nurses, and counselors with skin conditions volunteer their time each year to interact with the children and help care for them. Many are leaving their parents' care for the first time in their lives. Some come to camp with many pages of care instructions from their physicians.

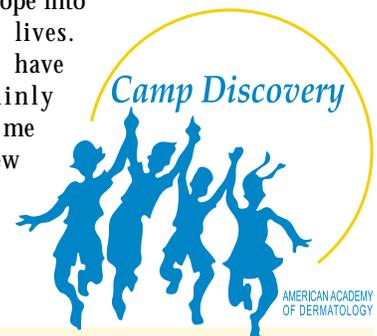
The camaraderie at Camp is intense. At night, we sing by the fire, roast marshmallows, and eat hot dogs. Often, the camp will provide entertainment for the children, such as clowns, and music for sing-alongs. It is one week each year that the children do not have to worry about the world and can just enjoy being kids. Children, doctors, nurses, staff, and counselors all form bonds quickly, so leaving can be a bittersweet day. Although it's sad to say goodbye, we always

make many new friends.

I look forward to each new experience at Camp Discovery. These children are my heroes and heroines. They continue to give me strength and foster my desire to help others. I hope I continue to bring joy and hope into their lives.

They have certainly given me a new life.

Dj



Camp Discovery is sponsored by the AAD. There is no fee to attend Camp. Scholarships, including transportation, are provided through the generous support of private and corporate donations. One-week camps are held periodically during summer months. For more information about participating in Camp Discovery ask your dermatologist, or visit the patient information section of the AAD Web site, [www.aad.org](http://www.aad.org).

To make a donation, contact the AAD at (847) 330-0230.





# don't let FUNGAL NAIL INFECTIONS get the upper hand

**f**ungal nail infections (onychomycosis), which account for up to 50 percent of all nail problems, are the focus of recently developed oral anti-fungals and topical

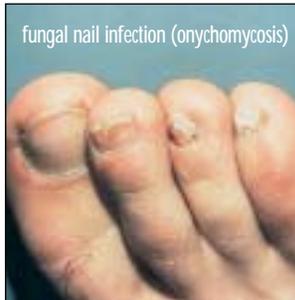
nail lacquers that restore nail health and appearance more effectively than treatments that have been used in the past.

"Onychomycosis most often results from injury or trauma that separates the nail plate from the nail bed, allowing debris to accumulate and discolor the plate and bed," said Richard K. Scher, M.D., president of the American Academy of Dermatology, a nail researcher, and professor of clinical dermatology at Columbia University in New York. "The top of the nail and the skin around its base may also be affected."

Fungal nail infections are not highly contagious in the absence of constant intimate contact, but they thrive in warm, steamy atmospheres like locker rooms, showers and swimming pools without sufficient sterilization or chlorination. Onychomycosis affects toenails four times more frequently than fingernails because damp socks and tight-fitting shoes provide the kind of environment in which fungus flourishes. Poor posture and improper nail care also shoulder a share of the blame. According to Dr. Scher, the condition has become more common as more of us add exercise and athletic pur-

suits to our personal agendas.

Anyone can acquire a fungal nail infection, but the elderly are especially susceptible. Symptoms include thickened nails that are hard to cut, and may cause pain when engaged in ordinary activities. Without proper treatment, onychomycosis can spread and affect skin elsewhere on the body.



fungal nail infection (onychomycosis)

Introduced several years ago, FDA-approved oral anti-fungal medications include **itraconazole (Sporanox)**, and **terbinafine hydrochloride (Lamisil)**. **Fluconazole (Diflucan)**, though not FDA-approved for onychomycosis, is also used.

"The oral agents we prescribe today are very safe and very effective," said Dr. Scher. "These medications cure about 80 percent of fungal nail infections, and we are looking at new anti-fungals that may have the potential to eradicate at least a portion of the infections that haven't

responded to these medications."

**Ciclopirox nail lacquer (Penlac)**, topical solution 8 percent, is the only prescription topical therapy approved for treatment of toenail and fingernail fungus in the United States. Applied like nail polish, it is less effective than oral medication, but studies have shown that combining use of the lacquer with oral treatment may shorten the course of therapy.

Because nails grow so slowly, toenail infections may require 12 weeks or more of treatment. Infected fingernails usually begin to grow out normally between six and eight weeks after therapy is initiated.

To avoid nail infections, make sure the skin surrounding your nails is soft, smooth and unbroken. "People who have athlete's foot or any other fungal infection that is left untreated run the risk of developing nail fungus as well," said Dr. Scher. "Those with fungal nail infections should take advantage of the latest anti-fungal therapy. There's no reason for fungal infections to get the upper hand." Dj

*Maureen Haggerty*

## Avoiding Nail Infections

One in eight people, and half of all older adults, have experienced the embarrassment, discomfort, and inconvenience associated with having fungus-infected nails. To keep onychomycosis at arm's length:

- Keep your nails short and clean.
- Keep your hands dry.
- Change your shoes and socks often.
- Step carefully to avoid toenail injury.

# Keeping Your Manicured Nails Healthy

Changing the color or curve of your nails puts self-expression at your fingertips. Polishes, lacquers, acrylics, silk wraps, extensions, and gels can also damage or destroy nails you're intent on enhancing.

"The major complications stemming from nail cosmetics are allergic reactions, irritation, mechanical problems, and infection," said Phoebe Rich, M.D., clinical associate professor of dermatology at Oregon Health Sciences University in Portland.

Allergic reactions affect the nail bed, cuticle area, and face and neck (due to frequent contact with hands). Methacrylate (MMA) compounds in acrylics, toluene sulfonamide formaldehyde resin in lacquers, and formaldehyde in hardeners are most apt to cause itching, stinging, redness, burning, swelling or soreness. If you experience any of these sensations, stop using

the product and see your dermatologist.

"Polish remover, which is very drying, is probably the most harmful nail cosmetic," said Marianne N. O'Donoghue, M.D., associate professor of dermatology, Rush-Presbyterian St. Lukes Medical Center, Chicago. "Don't use polish unless your nails break and chip without the strength a couple of coats afford, and never apply remover more than once a week. Keep nails healthy and strong by moisturizing and massaging the surrounding skin every day."

Mechanical problems can occur when implements used to groom nails cut the cuticle or injure the nail in some other way. This can be prevented by using the tip of a towel, rather than an orange stick, to gently push the skin back. Such injuries make nails more susceptible to infections caused by trapped moisture, yeast or fungus. *Dj*

*Maureen Haggerty*



**Marines should be  
this tough.  
Stuntmen should be  
this tough.  
But toenails?**

Thick, tough, and painful nails could be a sign of a problem. And so are such things as scaling, redness, white spots and red lines. These days there are all sorts of new treatments and new medications that can effectively treat these problems. That's why you really should see a dermatologist. Not everyone realizes that dermatologists are the experts

in problems related to skin, hair and nails. And they receive constant ongoing training about new technologies, treatments and medications. So they know all the options available. For a free pamphlet on nail problems and the names of dermatologists in your area, just call toll free 1-888-462-DERM, extension 22.



**American Academy of Dermatology**



## 3 TIPS for healthier manicures

Used properly, nail cosmetics rarely cause problems. But if you've taken a shine to them, dermatologists recommend that you:

- 1 Keep nail extensions short. Acrylics won't bend or break like natural nails, and snagging them on any surface can cause problems that are unsightly and serious.
- 2 Make sure your manicurist uses sterile instruments. If in doubt, bring your own grooming implements or buy new ones at the salon.
- 3 Don't camouflage an undiagnosed abnormality. See your dermatologist if the skin around your nails swells, feels sore or becomes discolored or the nail crumbles, splits, becomes stained, or develops lines, spots, streaks, pitting or ridges. A nail abnormality can be a sign of illness. So check it out, don't cover it up!

# keep the bugs at bay



Summer offers plenty of time to enjoy weekend hikes, picnics, and overnight camping in the woods...but what about those bugs? It's always a good idea to apply insect repellent before exploring the great outdoors.

Dermatologist Adelaide A. Hebert, M.D., at the University of Houston, Texas, answers questions about how to pick the best repellent for you.

**Q:** What are the effective ingredients in bug repellants?

**A:** The best ingredient for you may depend on the type of insect to which you will be exposed. Not all insect repellants work against all insects. For example, you may notice that flies will continue to swarm about your head despite your having used a product that protects against mosquitoes. Likewise, fleas and ticks and some mosquitoes may respond better to some repellants than others. DEET (N, N-dimethyl-m-toluene), is an excellent repellent against many of nature's most annoying critters.

Permethrin, another repellent, works best against ticks. It is not intended for direct use on the skin, but is recommended to treat the clothing of people living in high-risk areas. Apply by spraying Permethrin to the insides and outsides of clothing until clothing is moist. This should be done outdoors.

Citronella is less effective than DEET, but a non-toxic alternative.

**Q:** How much DEET do you need to use?

**A:** DEET can be toxic in large concentrations, so make sure the repellent you use contains no more than 50 percent. For ordinary backyard use, 10 to 30 percent DEET used sparingly should be adequate for adults. DEET stays in the skin for a one to two-month period, and will stay on clothing for as long as 80 days if the clothing is kept in a plastic bag. Avoid having the product come into contact with the mouth and eyes, inhaling the product, and using when open wounds are present. Apply once every eight hours. Wash product off when back inside. Pregnant women should not use DEET.



**Q:** Is it safe to use DEET around flames?

**A:** No. DEET is flammable, and unsafe around fires, as well as candles, barbecue lighters, and other flame implements that might be used for camping and recreational activities.

**Q:** Are these products safe for children?

**A:** Used as directed, most insect repellents should be safe for children. In general, products applied to children should contain no more than 10 percent DEET, and less is better. Some examples of products specially formulated for children are Skintastic and Skedaddle.

**Q:** Are combination sunscreen/insect repellants recommended for use?

**A:** Studies indicate that insect repellents markedly decrease the effectiveness of sunscreens. Certainly there are times when both sunscreen and insect repellents are needed. However, the dose of insect repellents, especially for children, may exceed the recommended dose if applied as frequently as sunscreen would need to be applied. Recommended safe use is to apply DEET, wait an hour, and then apply sunscreen. Reapply sunscreen every 90 minutes while outside, and consider more frequent application if sun exposure is intense, particularly since insect repellents may lower the expected SPF of a sunscreen.

## Send Questions

If you have a question about a dermatologic condition, please send it to: "Ask a Dermatologist," c/o Dermatology Insights, P.O. Box 4014, Schaumburg, Ill., 60173-4014. For free educational pamphlets and a list of local dermatologists, call the AAD toll-free 1-888-462-DERM or log on to our Web site at [www.aad.org](http://www.aad.org).

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