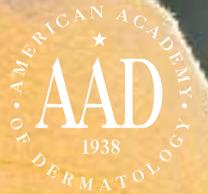


DERMATOLOGY

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

insights

Volume 3, Number 2



A Closer Look At Aging Skin & Cosmetic Dermatology

Cosmetic procedure advances

Botulinum toxin

— a shot at wrinkles

Cosmeceuticals

Mole removal

Hair removal

Smoking and skin

Passport to health

Avoiding tropical and foreign diseases

Word of mouth

Common lip inflammations

You're so veined...

Latest treatments for varicose and spider veins

Zap!

The lowdown on lasers



PLUS:

Michelle Charlesworth
ABC News anchor's battle
with skin cancer

Compliments of the American Academy of Dermatology and:

A MESSAGE FROM THE AAD



Our Skin Changes As We Do

Skin is the largest organ of the body and we are continually renewing it our entire lives. Our skin provides our body with its front line of protection. Its tough, elastic, flexible, and waterproof covering helps protect other organs and body parts from heat, cold, sunlight and germs. As such, we have to treat our skin as we would any other vital organ, with care and vigilance. Although our skin sheds and new skin forms in its place, it undergoes many

complex changes from birth until death.

This issue of *Dermatology Insights* will take you through the transitions that your skin experiences throughout life and look at the dermatological methods now available to combat some of the more undesirable changes, such as unwanted wrinkles, moles, and other skin imperfections, as well as address some of the dangerously adverse skin changes that can affect your health, like melanomas.

Last year, more than 7.4 million people had cosmetic surgical procedures. New methods, many of them less intrusive than ever before, have increased the options for improving imperfections in the skin and are reported on in this issue. One of the most widely-reported processes in the past year has been on botulinum toxin injections to control wrinkles. Recent FDA approval of the drug for this purpose has made it more popular than ever. Read about the FDA's approval and how the process is conducted through a first-hand *Patient Perspective* on botulinum toxin injections.

The plight of *WABC* New York anchorwoman Michelle Charlesworth in this issue presents a cautionary tale for men and women of all ages and all skin types. Charlesworth was blessed with good fortune — her skin cancer odyssey ended on a happy note. But her story underscores the fact that everyone must be attentive to skin care year-round and pay attention to any unusual marks on their body.

More information about your skin, hair and nails can be found in the Patient Information section of the AAD Web site, www.aad.org.

Fred F. Castrow II, M.D.

President, American Academy of Dermatology, 2002

EDITORIAL & ADVERTISING STATEMENT

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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.

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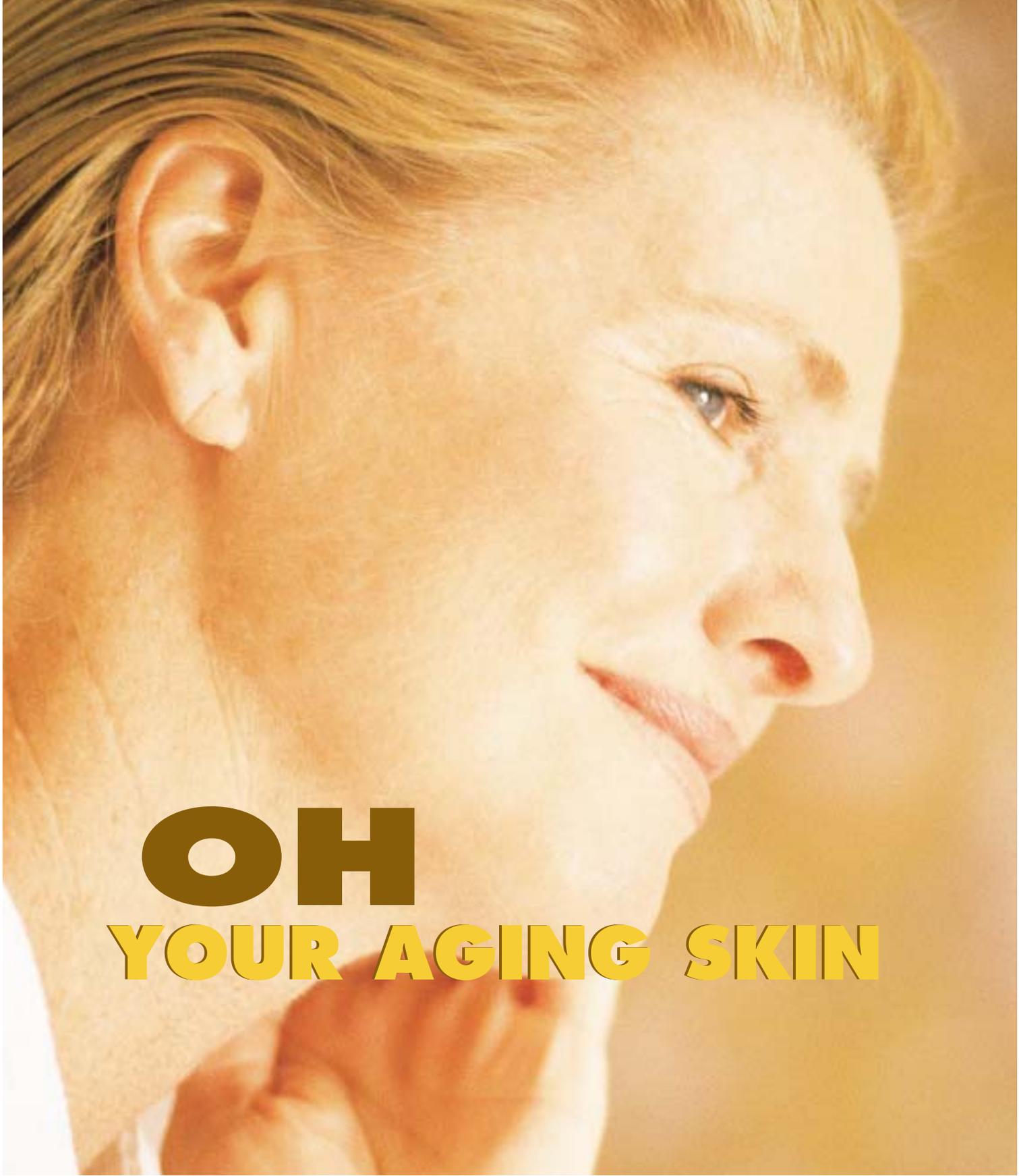
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A CLOSER LOOK AT: AGING SKIN &



OH
YOUR AGING SKIN

& COSMETIC DERMATOLOGY

Touch a baby's face and you'll notice the skin feels soft, like a peach. Doctors say that babies' skin is rich with elastic fibers and collagen, the pores are small and there are few if any irregularities in color and texture.

A baby's skin is yet unmarred by the factors that cause what society deems the "unsightly" signs of aging, such as wrinkles, lines, discolorations, loss of facial fat, and thinning skin.

While the aging of skin is an unavoidable fact of life, one largely avoidable factor in many of the signs of skin aging is sun damage, which is blamed for about 90 to 95 percent of wrinkles and nearly 100 percent of color, or pigmentary, changes in the skin. Other signs, however, such as loss of facial fat and thinning skin are a normal part of aging and unavoidable.

A CHILD'S SKIN

Skin aging can be seen as early as the first year of life, according to Tina Alster, M.D., a board certified dermatologist and clinical professor of dermatology at Georgetown University School of Medicine, Washington, D.C. The first sign of sun damage is freckling, she explained. "No one is born with freckles, it is sun exposure that gives you freckles," Dr. Alster said.

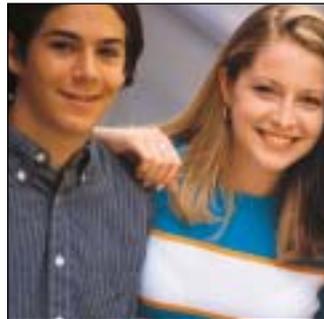
Early sun exposure changes the skin in other ways, too, according to Richard G. Glogau, M.D., a board certified dermatologist and clinical professor of dermatology at the University of California, San Francisco. "If you look at the difference of what I would call

'radiance and reflectance' quality of skin from a newborn to a child who is about nine, there is a significant difference in terms of loss of reflectance quality," Dr. Glogau said. "And that's almost all due to photo (sun) damage."



TEEN SCENE

As children reach puberty, skin and hair changes related to the increased production of hormones begin to take place. "When puberty occurs, you get changes in the texture and growth of hair, especially if you are a male or female with a genetic tendency toward hair loss," Dr. Glogau explained. "You develop



underarm and pubic hair and experience changes in the secretion of glands in the underarms, which give you an odor. If you're male, you begin to get thickening of the hair around the beard area."

Pre-teens and teens who go through significant growth spurts might get stretch marks, that dermatologists say sometimes respond to tretinoin and other topical agents. The teenage years are also when people first start experiencing dandruff. According to Dr. Glogau, over-the-counter products are usually effective treatments for most teens and adults with dandruff.

Perhaps most disturbing to many teens is the acne that comes with the increased activity of the sebaceous glands. Dermatologists have an arsenal of treatments for acne, depending on its severity. According to Dr. Alster, acne treatments range from prescription and over-the-counter topical antibiotics and benzoyl peroxide, to prescription agents with retinoic acid, oral antibiotics and a drug called isotretinoin for the most severe cases (see related story, page 17). "Typically acne that is

cystic in nature warrants some sort of oral treatment," Dr. Alster said.

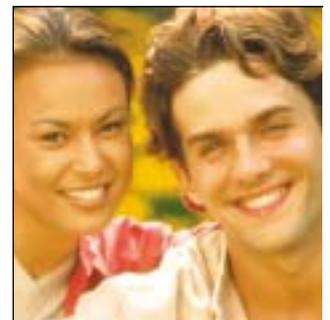
20s AND 30s

Men and women begin to see the "unsightly" damage caused by sun exposure in their 20s and 30s, such as wrinkling and blotchiness, according to board certified dermatologist Patricia K. Farris, M.D., a clinical assistant professor in the department of dermatology at Tulane University, New Orleans.

"As skin ages, there are a number of things that happen to it that contribute to the aging appearance. That's why there isn't one magic cure that can fix aging skin. It's multifactorial, meaning there is more than one thing going on," Dr. Farris explained. "As you get older, depending on the level of sun exposure you've experienced, there are various things that can happen. The breakdown of collagen is one, and that may be exacerbated by sun exposure. You also have the factor of gravity and loss of fat."

According to Dr. Farris, "even if you lived underground and were not ever in the sun, there would be a certain amount of collagen that would break down and a certain amount of fat that would be lost with age. So there's no way you can stop the process completely," she said.

Pregnancy can cause women's leg veins to pop out more and skin to become more sun-sensitive and prone to the brown blotchiness of a condition called melasma. When melasma does not disappear on its own, bleaching agents and some chemical



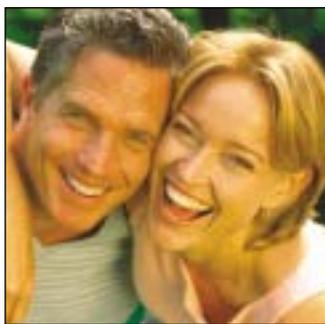
see Aging Skin & Cosmetic Dermatology page 6

peels can help to even the skin tone, according to Dr. Alster.

Women are subject to a form of adult acne called perioral dermatitis, which, according to Dr. Glogau is probably an estrogen dependent form of acne related to birth control pill use. "It looks like acne but tends to cluster around the mouth and chin," he said. "Treatment is the same as for acne. The problem is that it tends to be very easily irritated so we shy away from treatments that dry the skin."

40s AND 50s

The skin thins during the 40s and 50s. Collagen breaks down in the outer and middle skin layers and the thinner skin loses its elasticity. People — especially those who have spent a lot of time in the



sun — see more age spots, and facial and leg spider veins, called telangiectasias. Rosacea, redness around the nose and cheeks, often accompanied by acne, is also common in the middle years.

According to Dr. Alster, the best way to treat the telangiectasia is with lasers. She said that while topical creams can help to clear away other skin imperfections, such as acne from rosacea, they do not address the redness of the skin.

Menopause often causes moisture content and pigmentation changes in women's skin, which becomes more sensitive at this time, according to Dr. Glogau. Many women find that moisturizers help with the dryness. While men do not go through the same skin changes as women experience during menopause, many do notice that their beards become coarser.

60s AND 70s

The 60s and 70s bring more facial sagging, sun spots and telangiectasias. According to Dr. Alster, many notice skin blotchiness and spider veins on the neck and chest. This condition, poikiloderma, is a result of sun damage, she said. "Chemical peels and topical bleaching agents help with the pigmentation problems and laser and light treatments, including pulsed light lasers, reduce the redness," Dr. Alster said.

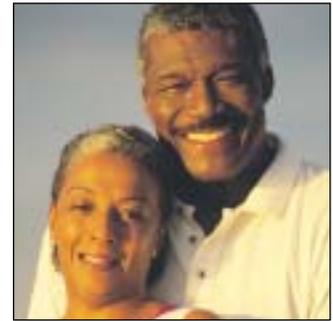
By the sixth and seventh decade of life,

the hair and nails become more brittle. To combat this, Dr. Alster recommends limiting over-aggressive manicures and eating gelatin products. A healthy balanced diet can help thinning, brittle hair. But people should first rule out an under-active thyroid, which also can cause brittle hair, she said.

It is clear that sun exposure is at the root of skin changes throughout life. According to Dr. Glogau, the ultraviolet light from the sun damages the skin's DNA — or building blocks. "There is some cellular mechanism that exists which can repair that damage, but it becomes less efficient with time," he said. "Over the years, some of that DNA damage is not repaired and the cells begin to mutate and grow in an abnormal way. Eventually they might become cancerous," he said.

One disturbing fact is that while the population is now living longer, people appear to be aging sooner. "Sociologically, we're seeing wrinkling at earlier and earlier ages. Sun exposure leads to pigmentation disorders, wrinkling and loss of reflectance quality. We're seeing all that in people in their 20s," Dr. Glogau said. **Dj**

Lisette Hilton



More Information

For an authoritative source of information about the effects of aging, smoking, sun and environmental exposures on the skin, and what treatments are available to reverse the signs of aging, visit **AgingSkinNet** at

www.skincarephysicians.com/agingskin.net



AgingSkinNet is an online patient education service of the American Academy of Dermatology, supported by an unrestricted grant from Ortho Dermatological.

100s AND BEYOND...

HOW OLD CAN SKIN GET?

The oldest living skin must have belonged to Jeanne-Louise Calment of France (1875-1997), who, according to the Guinness Book of World Records, had the oldest fully-authenticated age to which any human has ever lived, 122 years and 164 days. Clement was once quoted as saying, "I only have one wrinkle, and I'm sitting on it."



Sun Damage starts Early *and* Increases with Time

Viewed through the lens of a standard camera (left and center photos), sun damage is not readily apparent. However, images of the same people taken with an ultraviolet camera lens (right photos) dramatically show the extent of sun damage that has occurred. Sun damage can be seen as early as infancy and accumulates with each passing year of sun exposure.

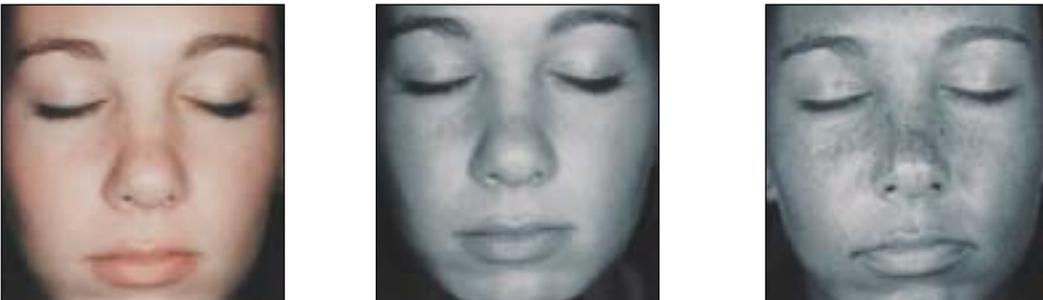
4 YEARS

Early sun damage is evident on this 4-year-old.



17 YEARS

This teenager already has significant sun damage because of deliberate tanning on the beach and in tanning salons.



37 YEARS

Sun damage is accumulating under the surface of the skin.



64 YEARS

Years of sun damage have taken a toll on the skin of this beach community resident.



Luxiq[®] (betamethasone valerate) Foam, 0.12%

R_x only

For Dermatologic Use Only Not for Ophthalmic Use

INDICATIONS AND USAGE

Luxiq is a medium potency topical corticosteroid indicated for relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses of the scalp.

CONTRAINDICATIONS Luxiq is contraindicated in patients who are hypersensitive to betamethasone valerate, to other corticosteroids, or to any ingredient in this preparation.

PRECAUTIONS **General:** Systemic absorption of topical corticosteroids has caused reversible hypothalamic-pituitary-adrenal (HPA) axis suppression with the potential for glucocorticosteroid insufficiency after withdrawal of treatment. Manifestations of Cushing's syndrome, hyperglycemia, and glucosuria can also be produced in some patients by systemic absorption of topical corticosteroids while on treatment. Conditions which augment systemic absorption include the application of the more potent steroids, use over large surface areas, prolonged use, and the addition of occlusive dressings. Therefore, patients applying a topical steroid to a large surface area or to areas under occlusion should be evaluated periodically for evidence of HPA axis suppression. If HPA axis suppression is noted, an attempt should be made to withdraw the drug, to reduce the frequency of application, or to substitute a less potent steroid. Recovery of HPA axis function is generally prompt upon discontinuation of topical corticosteroids. Infrequently, signs and symptoms of glucocorticosteroid insufficiency may occur requiring supplemental systemic corticosteroids. For information on systemic supplementation, see prescribing information for those products. Pediatric patients may be more susceptible to systemic toxicity from equivalent doses due to their larger skin surface to body mass ratio. (See **PRECAUTIONS-Pediatric Use**) If irritation develops, Luxiq should be discontinued and appropriate therapy instituted. Allergic contact dermatitis with corticosteroids is usually diagnosed by observing a failure to heal rather than noting a clinical exacerbation, as with most topical products not containing corticosteroids. Such an observation should be corroborated with appropriate diagnostic patch testing. In the presence of dermatological infections, the use of an appropriate antifungal or antibacterial agent should be instituted. If a favorable response does not occur promptly, use of Luxiq should be discontinued until the infection has been adequately controlled.

Information for Patients: Patients using topical corticosteroids should receive the following information and instructions: 1. This medication is to be used as directed by the physician. It is for external use only. Avoid contact with the eyes. 2. This medication should not be used for any disorder other than that for which it was prescribed. 3. The treated scalp area should not be bandaged or otherwise covered or wrapped so as to be occlusive unless directed by the physician. 4. Patients should report to their physician any signs of local adverse reactions. 5. As with other corticosteroids, therapy should be discontinued when control is achieved. If no improvement is seen within 2 weeks, contact the physician. **Laboratory Tests:** The following tests may be helpful in evaluating patients for HPA axis suppression: ACTH stimulation test; A.M. plasma cortisol test; urinary free cortisol test. **Carcinogenesis, Mutagenesis, and Impairment of Fertility:** Long-term animal studies have not been performed to evaluate the carcinogenic potential or the effect on fertility of betamethasone valerate. Betamethasone was genotoxic in the *in vitro* human peripheral blood lymphocyte chromosome aberration assay with metabolic activation and in the *in vivo* mouse bone marrow micronucleus assay.

Pregnancy Category C: Corticosteroids have been shown to be teratogenic in laboratory animals when administered systemically at relatively low dosage levels. Some corticosteroids have been shown to be teratogenic after dermal application in laboratory animals. There are no adequate and well-controlled studies in pregnant women. Therefore, Luxiq should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Drugs of this class should not be used extensively on pregnant patients, in large amounts, or for prolonged periods of time. **Nursing Mothers:** Systemically administered corticosteroids appear in human milk and could suppress growth, interfere with endogenous corticosteroid production, or cause other untoward effects. It is not known whether topical administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in breast milk. Because many drugs are excreted in human milk, caution should be exercised when Luxiq is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in pediatric patients have not been established. Because of a higher ratio of skin surface area to body mass, pediatric patients are at a greater risk than adults of HPA axis suppression and Cushing's syndrome when they are treated with topical corticosteroids. They are therefore also at greater risk of adrenal insufficiency during and/or after withdrawal of treatment. Adverse effects including striae have been reported with inappropriate use of topical corticosteroids in infants and children. Hypothalamic-pituitary-adrenal (HPA) axis suppression, Cushing's syndrome, linear growth retardation, delayed weight gain, and intracranial hypertension have been reported in children receiving topical corticosteroids. Manifestations of adrenal suppression in children include low plasma cortisol levels and an absence of response to ACTH stimulation. Manifestations of intracranial hypertension include bulging fontanelles, headaches, and bilateral papilloedema. Administration of topical corticosteroids to children should be limited to the least amount compatible with an effective therapeutic regimen. Chronic corticosteroid therapy may interfere with the growth and development of children. **ADVERSE REACTIONS** The most frequent adverse event was burning/itching/stinging at the application site; the incidence and severity of this event were as follows:

Product	Total incidence	Maximum severity		
		Mild	Moderate	Severe
Luxiq Foam n=63	34 (54%)	28 (44%)	3 (5%)	1 (2%)
Betamethasone valerate lotion n=63	33 (52%)	26 (41%)	6 (10%)	1 (2%)
Placebo Foam n=32	24 (75%)	13 (41%)	7 (22%)	4 (12%)
Placebo Lotion n=30	20 (67%)	12 (40%)	5 (17%)	3 (10%)

Other adverse events which were considered to be possibly, probably, or definitely related to Luxiq occurred in 1 patient each; these were paresthesia, pruritus, acne, alopecia, and conjunctivitis. The following additional local adverse reactions have been reported with topical corticosteroids, and they may occur more frequently with the use of occlusive dressings. These reactions are listed in an approximately decreasing order of occurrence: irritation; dryness; folliculitis; acneiform eruptions; hypopigmentation; perioral dermatitis; allergic contact dermatitis; secondary infection; skin atrophy; striae; and miliaria. Systemic absorption of topical corticosteroids has produced reversible hypothalamic-pituitary-adrenal (HPA) axis suppression, manifestations of Cushing's syndrome, hyperglycemia, and glucosuria in some patients. **OVERDOSAGE** Topically applied Luxiq can be absorbed in sufficient amounts to produce systemic effects. (See **PRECAUTIONS**) **DOSE AND ADMINISTRATION** Note: For proper dispensing of foam, can must be inverted. For application to the scalp insert can and dispense a small amount of Luxiq onto a saucer or other cool surface. Do not dispense directly onto hands as foam will begin to melt immediately upon contact with warm skin. Pick up small amounts of foam with fingers and gently massage into affected area until foam disappears. Repeat until entire affected scalp area is treated. Apply twice daily, once in the morning and once at night. As with other corticosteroids, therapy should be discontinued when control is achieved. If no improvement is seen within 2 weeks, reassessment of the diagnosis may be necessary. Luxiq should not be used with occlusive dressings unless directed by a physician.

HOW SUPPLIED Luxiq is supplied in 100-gram (NDC 63032-021-00) and 50-gram (NDC 63032-021-50) aluminum cans. Store at controlled room temperature 68-77°F (20-25°C).

WARNING: FLAMMABLE. AVOID FIRE, FLAME OR SMOKING DURING AND IMMEDIATELY FOLLOWING APPLICATION. Keep out of reach of children. Contents under pressure. Do not puncture or incinerate container. Do not expose to heat or store at temperatures above 122°F (49°C).

Manufactured for: Connetics Corporation, Palo Alto, CA 94303 USA
By: Miza Pharmaceuticals (UK) Limited, Runcorn WAT 11U United Kingdom

MRSL-0184 (3)

January 2002

OLUX[™] Foam, 0.05% (clobetasol propionate)

R_x only

For Dermatologic Use Only Not for Ophthalmic Use

INDICATIONS AND USAGE

OLUX Foam is a super-potent topical corticosteroid indicated for short-term topical treatment of the inflammatory and pruritic manifestations of moderate to severe corticosteroid-responsive dermatoses of the scalp. In a controlled pharmacokinetic study, 3 of 13 patients experienced reversible suppression of the adrenal following 14 days of OLUX Foam therapy. Treatment beyond 2 consecutive weeks is not recommended, and the total dosage should not exceed 50 g per week because of the potential for the drug to suppress the hypothalamic-pituitary-adrenal (HPA) axis. Use in children under 12 years of age is not recommended.

CONTRAINDICATIONS OLUX Foam is contraindicated in patients who are hypersensitive to clobetasol propionate, to other corticosteroids, or to any ingredient in this preparation.

PRECAUTIONS **General:** Clobetasol propionate is a super-potent topical corticosteroid that has been shown to suppress the adrenal at 7.8 g of OLUX Foam per day. Lesser amounts of OLUX Foam were not studied. Systemic absorption of topical corticosteroids has caused reversible adrenal suppression with the potential for glucocorticosteroid insufficiency after withdrawal of treatment. Manifestations of Cushing's syndrome, hyperglycemia, and glucosuria can also be produced in some patients by systemic absorption of topical corticosteroids while on treatment. Conditions which augment systemic absorption include the application of the more potent steroids, use over large surface areas, prolonged use, and the addition of occlusive dressings. Therefore, patients applying a topical steroid to a large surface area or to areas under occlusion should be evaluated periodically for evidence of adrenal suppression. If adrenal suppression is noted, an attempt should be made to withdraw the drug, to reduce the frequency of application, or to substitute a less potent steroid. Recovery of HPA axis function is generally prompt upon discontinuation of topical corticosteroids. Infrequently, signs and symptoms of glucocorticosteroid insufficiency may occur requiring supplemental systemic corticosteroids. For information on systemic supplementation, see prescribing information for those products. Pediatric patients may be more susceptible to systemic toxicity from equivalent doses due to their larger skin surface to body mass ratio. (See **PRECAUTIONS-Pediatric Use**) If irritation develops, OLUX Foam should be discontinued and appropriate therapy instituted. Allergic contact dermatitis with corticosteroids is usually diagnosed by observing a failure to heal rather than noting a clinical exacerbation, as with most topical products not containing corticosteroids. Such an observation should be corroborated with appropriate diagnostic patch testing. In the presence of dermatological infections, the use of an appropriate antifungal or antibacterial agent should be instituted. If a favorable response does not occur promptly, use of OLUX Foam should be discontinued until the infection has been adequately controlled.

Information for Patients: Patients using topical corticosteroids should receive the following information and instructions: 1. This medication is to be used as directed by the physician and should not be used longer than the prescribed time period. It is for external use only. Avoid contact with the eyes. 2. This medication should not be used for any disorder other than that for which it was prescribed. 3. The treated scalp area should not be bandaged or otherwise covered or wrapped so as to be occlusive unless directed by the physician. 4. Patients should report to their physician any signs of local adverse reactions. **Laboratory Tests:** The following tests may be helpful in evaluating patients for adrenal suppression: ACTH stimulation test; A.M. plasma cortisol test; urinary free cortisol test. **Carcinogenesis, Mutagenesis, and Impairment of Fertility:** Long-term animal studies have not been performed to evaluate the carcinogenic potential of clobetasol propionate. Clobetasol propionate was not-mutagenic in three different test systems: the Ames test, the Saccharomyces cerevisiae gene conversion assay, and the E. coli W P2 fluctuation test. Studies in the rat following subcutaneous administration of clobetasol propionate at dosage levels up to 0.05 mg/kg per day revealed that the females exhibited an increase in the number of resorbed embryos and a decrease in the number of living fetuses at the highest dose. **Pregnancy: Teratologic Effect: Pregnancy Category C:** Corticosteroids have been shown to be teratogenic in laboratory animals when administered systemically at relatively low dosage levels. Some corticosteroids have been shown to be teratogenic after dermal application in laboratory animals. Clobetasol propionate has not been tested for teratogenicity by the topical route; however, it is absorbed percutaneously, and when administered subcutaneously, it was a significant teratogen in both the rabbit and the mouse. Clobetasol propionate has greater teratogenic potential than steroids that are less potent. Teratogenicity studies in mice using the subcutaneous route resulted in fetotoxicity at the highest dose tested (1 mg/kg) and teratogenicity at all dose levels tested down to 0.03 mg/kg. These doses are approximately 1.4 and 0.04 times, respectively, the human topical dose of OLUX based on body surface area comparisons. Abnormalities seen included cleft palate and skeletal abnormalities. In rabbits, clobetasol propionate was teratogenic at doses of 0.002 and 0.01 mg/kg. These doses are approximately 0.02 and 0.02 times, respectively, the human topical dose of OLUX based on body surface area comparisons. Abnormalities seen included cleft palate, cranioschisis, and other skeletal abnormalities. There are no adequate and well-controlled studies of the teratogenic potential of clobetasol propionate in pregnant women. OLUX Foam should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. **Drugs of this class should not be used extensively on pregnant patients, in large amounts, or for prolonged periods of time.** **Nursing Mothers:** Systemically administered corticosteroids appear in human milk and could suppress growth, interfere with endogenous corticosteroid production, or cause other untoward effects. It is not known whether topical administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in breast milk. Because many drugs are excreted in human milk, caution should be exercised when OLUX Foam is administered to a nursing woman.

Pediatric Use: Safety and effectiveness of OLUX Foam in pediatric patients have not been established; therefore, use in children under 12 years of age is not recommended. Because of a higher ratio of skin surface area to body mass, pediatric patients are at a greater risk than adults of adrenal suppression and Cushing's syndrome when they are treated with topical corticosteroids. They are therefore at greater risk of adrenal insufficiency during and/or after withdrawal of treatment. Adverse effects including striae have been reported with inappropriate use of topical corticosteroids in infants and children. Adrenal suppression, Cushing's syndrome, linear growth retardation, delayed weight gain, and intracranial hypertension have been reported in children receiving topical corticosteroids. Manifestations of adrenal suppression in children include low plasma cortisol levels and an absence of response to ACTH stimulation. Manifestations of intracranial hypertension include bulging fontanelles, headaches, and bilateral papilloedema. **Genitourinary Use:** Clinical studies of OLUX Foam did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy. **ADVERSE REACTIONS** In a controlled trial (188 patients) with OLUX Foam, the only reported adverse reactions were one case each of dry skin, eczema, and skin hypertrophy in larger controlled trials with other clobetasol propionate formulations, the most frequently reported adverse reactions have included burning, stinging, irritation, pruritus, erythema, folliculitis, cracking and fissuring of the skin, numbness of the fingers, skin atrophy, and telangiectasia (all less than 2%). The following additional local adverse reactions have been reported with topical corticosteroids, but they may occur more frequently with the use of occlusive dressings and higher potency corticosteroids such as OLUX Foam. These reactions are listed in an approximate decreasing order of occurrence: irritation; dryness; folliculitis; acneiform eruptions; hypopigmentation; perioral dermatitis; allergic contact dermatitis; secondary infection; skin atrophy; striae; and miliaria. Systemic absorption of topical corticosteroids has produced reversible adrenal suppression, manifestations of Cushing's syndrome, hyperglycemia, and glucosuria in some patients.

OVERDOSAGE Topically applied OLUX Foam can be absorbed in sufficient amounts to produce systemic effects. (See **PRECAUTIONS**) **DOSE AND ADMINISTRATION** Note: For proper dispensing of foam, hold the can upside down and depress the actuator. OLUX Foam should be applied to the affected scalp area twice daily, once in the morning and once at night. Invert the can and dispense a small amount of OLUX Foam (up to a maximum of a golf-ball-size dollop) into the cap of the can, onto a saucer or other cool surface, or directly on the lesion, taking care to avoid contact with the eyes. Dispensing directly onto hands is not recommended, as the foam will begin to melt immediately upon contact with warm skin. Move the hair away from the affected area of the scalp so that the foam can be applied to such affected area. Gently massage into affected scalp area until the foam disappears. Repeat until entire affected scalp area is treated. OLUX Foam is a super-high-potency topical corticosteroid; therefore, treatment should be limited to 2 consecutive weeks and amounts greater than 50 grams should not be used. Use in pediatric patients under 12 years of age is not recommended. Unless directed by a physician, OLUX Foam should not be used with occlusive dressings. **HOW SUPPLIED** OLUX Foam is supplied in 100-gram (NDC 63032-021-00) and 50-gram (NDC 63032-021-50) aluminum cans. Store at controlled room temperature 68-77°F (20-25°C). **WARNING: FLAMMABLE. AVOID FIRE, FLAME OR SMOKING DURING AND IMMEDIATELY FOLLOWING APPLICATION.** Keep out of reach of children. Contents under pressure. Do not puncture or incinerate container. Do not expose to heat or store at temperatures above 120°F (49°C).

Manufactured for: Connetics Corporation, Palo Alto, CA 94303 USA
By: Miza Pharmaceuticals (UK) Limited, Runcorn WAT 11U United Kingdom

PRM-OLUX-038

September 2001

psoriasis eczema seborrheic dermatitis



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

Information about 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 are other side effects associated with the chronic use of clobetasol propionate. Speak to your doctor for more information.

Information about Luxiq: The most frequent side effects associated with the use of Luxiq include mild 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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References: 1. Data on file (XXX), Cornetics Corporation. 2. Data on file (XXX), Cornetics Corporation.

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Please see brief summaries of full prescribing information on the adjacent page.

Cosmetic Dermatology

choosing from a menu of options

At restaurants, you have a menu of options — from appetizers, to “lighter meals,” to the most filling and expensive: the full course. The options are similar in today’s cosmetic dermatology. Depending on your age, skin type and lifetime sun exposure, you have a menu of options — from light, subtle procedures that require only minutes to perform and result in no downtime, to aggressive “full course” procedures, which offer dramatic results but carry more risk and require several days of at-home recuperation.

Dermatologists have an arsenal of treatments for deeper wrinkles; fine facial lines; sagging facial skin; pigmentary changes, such as brown and red spots, on the face, neck, chest and hands; and facial and leg spider and varicose veins. They also perform procedures to address various stages of hair loss and liposuction to remove excess body fat.

HOT OFF THE MENU

Botulinum toxin injections are in the news — not because they’re new (dermatologists have been performing these injections for years) but rather because one brand of the injections, called Botulinum Toxin A, was approved by the Food and Drug Administration (FDA) earlier this year for the treatment of forehead lines (see related story on page 12). The injections are popular because they offer immediate results, are considered safe and require no downtime, according to Bruce Katz, M.D., a board certified dermatologist and associate clinical professor at the College of Physicians and Surgeons, Columbia University, New York.

He explained that by injecting botulinum toxin into a wrinkle, such as the deep line between the brows or the crow’s feet around the eyes, relax the muscles. This can result in wrinkles going away for four to six months, until the injections wear off. Botulinum toxin also



cause wounds on the outside of the skin, patients do not need to take a week or more away from social activities and work.

is used to diminish the vertical cords around the neck and to stop excessive perspiration in the armpits, hands and feet.

The most common side effect from botulinum toxin injections, according to Dr. Katz, is slight bruising. “The key is to go to a dermatologist who is trained in the procedure. Botulinum toxin and other nonsurgical and surgical cosmetic procedures should be done in a physician’s office,” Dr. Katz said. “This helps to avoid potential side effects from botulinum toxin, such as eyelid drooping, which can come from injecting the wrong muscle. And if too much of the injection is given, patients might lose their expressiveness.”

Botulinum toxin and other nonsurgical procedures are options for young patients in their 20s, as well as the older patients — especially in those men and women who have hereditary frown lines (see Patient Perspective on page 16). Many dermatologists believe early botulinum toxin treatments may prevent deep wrinkles from forming.

To help refine the texture of the skin and take away minor imperfections, some dermatologists recommend light chemical peels or microdermabrasion. These procedures can be ideal for on-the-go young adults in their 20s and 30s who need a quick touchup or for older adults, as part of a maintenance regimen after a face lift. Light peels and microdermabrasion are used for mild acne, to remove black heads, refresh oily skin or to look better for the weekend.

Laser rejuvenation is another popular area of cosmetic dermatology, especially in terms of nonablative lasers. Instead of heating and removing the top skin tissue like traditional lasers (such as their ablative counterparts, including the CO₂ and Erbium: YAG lasers), nonablative lasers work beneath the surface skin layer to improve tone and texture and minimize fine lines. Because nonablative lasers do not

Nonablative technology works by cooling the outer layer of skin, called the epidermis, to penetrate the inner skin layers. The procedure stimulates collagen production in the lower dermis and helps diminish minor wrinkles and acne scars and tightens skin.

“The nice thing about nonablative laser treatment is that it can be used to treat the back of the hands, neck, and chest because it doesn’t cause scarring,” Dr. Katz said.

Usually the patient needs between four and six treatments and patients come in once every two or three weeks. The procedure takes about 15 to 30 minutes and patients may be a little red when they leave the office but they can return to work immediately.



Intense pulsed light lasers, which use multiple wavelengths of light, and medium peels address the more evident skin imperfections, including age spots and dilated blood vessels that occur around ages 40 to 50. The light affects age spots and dilated blood vessels and the peel works for brown spots.

Dermatologists temporarily diminish lines around the mouth and fill thinning lips with injectables, such as collagen and fat. The ablative resurfacing lasers, which work by peeling off the top layers of skin, more permanently address the deep vertical lines around the lips and wrinkle lines under the eyes. These lasers, including the CO₂ and Erbium:YAG lasers, more dramatically tighten the skin than the nonablative lasers.

But one of the most effective ways to tighten loose, sagging facial skin around the lower face is a face lift. Dermatologists now offer a mini version of the face lift, called the “s-lift,” which results in less downtime. An s-lift is a small facelift (the s is for small) and gets its name from the “s” form of the skin excision at the pariacular region (near the ear). The usual operative time for an s-lift is approximately 60 minutes. It can be done on an outpatient basis and can be combined with other minimal procedures, like botulinum toxin injections, collagen injections, microdermabrasion peels, liposuction of the neck and jowls, laser skin resurfacing, chemical peels and subcision of the nasolabial folds (lines from the nose to mouth).

THERE’S NO ONE RECIPE

Botulinum toxin, nonablative lasers and other “lighter side” procedures offer less downtime, while resulting in subtler, less dramatic results.

Dermatologists help to guide patients about procedures that will best address their concerns and fit into their lifestyles, according to Arielle Kauvar, M.D., clinical associate professor

of dermatology at New York University School of Medicine, New York.

“It is important to realize that for some individuals it does make sense to undergo more aggressive procedures,” she said. “For younger people, there are many options for quick fixes and that is all they need. Many of these procedures are also helpful for older individuals who have more significant changes of aging and sun damage but are used as additive measures. There is no one recipe for any particular age group, but there are many ways that these quick, non-invasive procedures can be used at different ages to achieve a more youthful appearance.” **Dj**

Lisette Hilton

“the key is to go to a dermatologist who is trained in the procedure”

RESEARCH HORIZONS

BOTULINUM TOXIN

receives FDA APPROVAL FOR COSMETIC USE

Botulinum toxin injections are one of the fastest growing cosmetic procedures in the United States today to remedy vertical lines between the eyebrows and on the bridge of the nose, squint lines or crows feet at the corners of the eyes, horizontal lines on the forehead, and the muscle bands on the neck, called "turkey neck."

According to *Newsweek*, more than 1.6 million cosmetic botulinum toxin procedures were performed last year on roughly 850,000 patients and the therapy is being used in 70 countries. Beyond its cosmetic use, it has been used to treat excessive sweating, post-stroke spasticity, back spasms, and headache.

This year, the Food and Drug Administration (FDA) announced the approval of Botulinum Toxin Type A to temporarily improve the appearance of moderate to severe frown lines between the

eyebrows. Botulinum Toxin Type A is a protein produced by a type of bacteria called *clostridium botulinum*. Dermatologists inject small doses of sterile, purified botulinum toxin into the affected muscles. The toxin paralyzes or weakens the injected muscle, suppressing muscle contraction and decreasing the ability for frown lines to form.

Botulinum toxin is used to treat several muscle disorders. The FDA first approved botulinum toxin in 1989 to treat the eye-muscle disorders called blepharospasm (uncontrollable blinking) and strabismus (crossed eyes). In December 2000, the FDA approved botulinum toxin for treating a disorder that causes severe neck and shoulder muscle contractions (cervical dystonia).

In recent years, the drug proved effective in clinical trials to treat lines located in the eyebrows (glabellar lines), paving the way for the recent FDA approval of botulinum

toxin for cosmetic use in the treatment of wrinkles. The FDA recommends that patients receive botulinum toxin injections only once every three months, that the lowest effective dose is used, and that its usage should be reserved for adults age 65 and younger.

Common side effects following injection include headache, respiratory infection, flu syndrome, droopy eyelids (blepharoptosis) and nausea. Less frequent adverse reactions (occur in less than 3 percent of patients) include pain in the face, redness at the injection site, and muscle weakness. These reactions are generally temporary, but could last several months.

Although the use of botulinum toxin in cosmetic procedures is in widespread use today, the American Academy of Dermatology warns against its use in casual social settings, or so-called physician hosted "Botox parties," especially when alcohol is served.



Your clothes are wrinkle resistant. Why isn't your skin?

There's no longer any reason people need to look older than they actually are. These days there are all sorts of new treatments, medications and surgical procedures that can actually minimize wrinkles, lines and spots. That's why you really should see a dermatologist. Not everyone realizes that dermatologists are the recognized experts in



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

Cosmetics + Pharmaceuticals



= *Younger Looking Skin*

In a not too distant past, it was suggested that men and women should grow old gracefully, and that nothing short of a miracle, or a plastic surgeon's knife, could eliminate wrinkles, crow's feet or sun damage. But with the birth of cosmeceuticals, that may no longer be the case.

"Cosmeceuticals are part-pharmaceutical, part-cosmetic skin preparations administered not to treat disease, but to make aged skin look younger," said board certified dermatologist Marianne N. O'Donoghue, M.D.

Cosmeceuticals were born in the 1980s when doctors noticed that patients using a vitamin A derivative for treatment of their acne experienced a decrease in wrinkles. The potential for a true anti-wrinkle cream sparked follow-up studies and the era of cosmeceuticals began.

TOPICAL CREAMS & LOTIONS

RETINOID is a vitamin A compound that occurs naturally in the skin and can be found in many forms, including isotretinoin, trans retinoic acid and retinol. Retinoids are available mostly by prescription, but some, such as retinal, are beginning to appear in creams and lotions available over the counter. These compounds work by increasing the rate of skin cell division and turnover and may generate new collagen, making skin firmer and plumper.

"If you have sun damage, fine lines or rough, dull skin, you may be a candidate for retinoid therapy," said Dr. O'Donoghue. "The success of retinoids is highly documented and they are widely prescribed."

ALPHA HYDROXY ACIDS (AHAs) are organic chemicals that include glycolic, lactic, citric and tartaric acids. AHAs dissolve the protein bond that keeps dead skin cells attached and may decrease acne by clearing pore-clogging cells. They may also improve the complexion by lightening dark spots or excessive pigmentation caused by melasma, a common skin condition that affects pregnant women.

AHAs may be irritating to sensitive skin, and some opponents suggest too much use may strip the skin of too many cells, but Dr. O'Donoghue suggests that, "AHAs give rapid and marked results and are extremely beneficial in reducing signs of aging, acne and sun damage."

BETA HYDROXY ACIDS (BHAs), including the widely used salicylic acid, have been used for many years on dry, scaly skin and warts. Like AHAs, BHAs shed excess skin cells, but also offer an anti-inflammatory effect, which not only prevents future acne but calms inflamed spots.

Ascorbic acid, or vitamin C, (found in vegetables and citrus fruits) is sometimes prescribed before a surgical or resurfacing procedure to neutralize free radicals and boost collagen production and tissue healing.

ANTIOXIDANTS

"**VITAMIN C** preparations may reduce fine lines and wrinkles and lessen the severity of a sunburn, but there is no scientific proof of its effectiveness yet, so it's not as widely prescribed," Dr. O'Donoghue explained.

KINETIN is an antioxidant and a hormone-like growth factor from plant and yeast. There is some evidence that kinetin may influence cell growth and slow the aging process, but its use in cosmeceuticals is fairly new and long-term effects are not yet known.

VITAMIN E is another antioxidant that may have anti-inflammatory effects on the skin. Although there are a limited number of studies on vitamin E applied topically, it has been noted to improve moisture, softness and smoothness and also protect against photo damage.

COENZYME Q10 is a naturally occurring antioxidant present in the skin, and may retard some of the aging process and soften and firm the skin, but there is currently little clinical data available to support this claim.

BEST RESULTS

As the list of cosmeceuticals continues to grow, so do manufacturers' claims. Dr. O'Donoghue suggests only using products approved by the U.S. Food and Drug Administration (FDA).

"It can be difficult to determine which cosmeceutical will work best on your skin type," said Dr. O'Donoghue. "For significant improvements, use a cosmeceutical prescribed by a dermatologist."

And for the best anti-aging approach, wear a broad-spectrum sunscreen with a sun protection factor (SPF) of at least 15 every day. **Dj**

Amy Gall



Time to Remove that Mole?



Everyone has moles. Although most people think a mole is just a round, dark brown spot, moles come in many shapes and sizes. Moles can be present at birth or acquired throughout life, but most appear during the first 20 years of a person's life. The incidence of moles, or nevi, as doctors call them, tend to increase in number throughout childhood, peak in adolescence, and typically wane in older adulthood.

Most moles are not cancerous and don't cause a problem. But occasionally, a mole changes in appearance, is irritating or may appear "unattractive." In these cases, the mole or moles may need to be removed.

"Atypical appearance of a mole is reason enough to recommend removal," said Christine Lee, M.D., dermatologic surgeon, Walnut Creek, Calif.

Moles are removed for a number of reasons. For example, moles that are exposed to continual physical irritation and demonstrate periodic enlargement and/or discoloration should be removed to avoid confusion with a malignant lesion. Often, shaving irritates a mole enough to warrant removal. In addition, moles located in the belt or bra strap area can be subject to irritation and are likely to require removal.

"In general, a sudden and rapid change in color, size, or shape should be regarded as suspicious if it occurs in an individual lesion," said Dr. Lee.

In fact, although moles normally grow in proportion to the growth surges that occur in children, any mole undergoing independent growth may require removal. Additionally, any mole displaying atypical appearance, for example, very dark pigmentation or an unusual pigment pattern, is cause for concern. Other "atypical" features can be detected by using the ABCD rule (see sidebar) of skin cancer screening and self-examination: **A**symmetry (irregular shape), **B**order (irregular in shape and color), **C**olor (variations in pigment in a single mole) and **D**iameter (rather large size of 6mm or bigger than a pencil eraser).

If a patient simply wants to have a mole removed it can be removed, said Dr. Lee. In fact, she estimates that although about 70 percent of mole removals in her practice are done to prevent or diagnose skin cancer, as many as 30 percent of mole removals are done for cosmetic reasons.

"Often, 'ugly' moles are found to have atypical features as well,"

Dr. Lee noted, so there could be more than one reason for removal. Furthermore, like any other lesions removed, a mole removed for cosmetic reasons should be submitted for pathologic evaluation.

In addition to the above reasons, a mole can also be considered for removal if located in a hidden site where it can not be easily examined or monitored on a regular basis, and moles in unique locations on the body — such as on the hands, feet, mucus membrane of the mouth or the eye — are often suspicious and should be evaluated appropriately.

Annette Wagner, M.D., a pediatric dermatologic surgeon, Childrens Memorial Hospital, Chicago, said moles that are present at birth or are acquired shortly after birth are often recommended for removal, because these moles called **congenital nevi** may have a greater potential for developing into the deadly skin cancer, malignant melanoma, than moles acquired after the first year and a half of life.

"The ability to remove congenital nevi is surgically preferable during infancy because this type of mole tends to grow with the child," Dr. Wagner explained.

Procedures to remove moles generally take only a short time and can be performed in a dermatologist's office. Surgical excision is the most common method used for mole removal. The excision is generally done using a local anesthetic in older children and adults.

Dr. Wagner commonly uses a general anesthetic when removing congenital moles and larger moles on younger children and infants. **D;**

"...a sudden and rapid change in color, size or shape should be considered suspicious if it occurs in an individual lesion."

Ruth Ann Grant

Skin Cancer Quiz

Test Your Knowledge *about* Skin Cancer

The following quiz is a test of how much you know about skin cancer. It is designed to help you learn more about it and how to prevent it.

Question 1. TRUE OR FALSE

Skin cancer is the most common form of cancer in the United States.

Question 2. TRUE OR FALSE

The development of a new mole or a change in an existing one may be a sign of skin cancer.

Question 3. TRUE OR FALSE

People with dark skin can't get skin cancer.

Question 4. TRUE OR FALSE

You can't die from skin cancer.

Question 5. TRUE OR FALSE

You have an increased risk of malignant melanoma if your parents, sister or children have had melanoma.

Question 6. TRUE OR FALSE

If you stay out of the sun, you will never get skin cancer.

Question 7. TRUE OR FALSE

Malignant melanoma, a serious type of skin cancer, cannot be cured.

Question 8. TRUE OR FALSE

Melanoma can occur anywhere on your body.

Question 9. TRUE OR FALSE

Redheads and blondes are more likely to get melanoma.

Question 10. TRUE OR FALSE

If you were born with one or more moles, you are more likely to develop malignant melanoma.

Quiz Answers

Question 1. TRUE. Skin cancer is the most common form of cancer in the United States with about 87,900 new cases expected next year.

Question 2. TRUE. The development of a new mole or any changes in the size, color, shape or texture of a mole may be a sign of skin cancer and should be reported to a dermatologist or personal physician right away.

Question 3. FALSE. Anyone can get skin cancer. Darker skinned people have more melanin, a brownish pigment, in their skin which serves as a buffer by absorbing ultraviolet rays, thereby lowering, but not eliminating, the risk of skin cancer.

Question 4. FALSE. This year 7,400 Americans will die from malignant melanoma, which is responsible for six out of seven skin cancer deaths.

Question 5. TRUE. Your risk is increased if your parent, child or sibling has had melanoma.

Question 6. FALSE. Even though there is a strong correlation between ultraviolet exposure to the sun and all types of skin cancer, you can still get skin cancer if you stay out of the sun. It is important to regularly examine your skin for signs of cancer regardless of how much sun you get.

Question 7. FALSE. When treated in its earliest stage, melanoma can be cured.

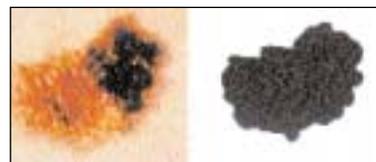
Question 8. TRUE. Melanomas can develop anywhere on the body, even places that are not exposed to the sun, such as the soles of the feet.

Question 9. TRUE. Redheads and blondes have a two-fold to four-fold greater risk of developing melanoma.

Question 10. TRUE. Most moles develop some time after birth, but some people are born with moles. "Birth Moles" increase a person's risk for melanoma.

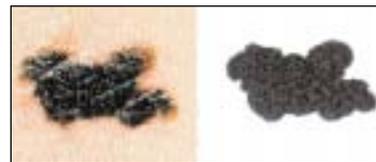
ABCDs OF MELANOMA

During a skin cancer screening, as well as recommended patient self-exams, 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. 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.

In Your Face!

Patient Perspective by Stacy Brock

Botulinum toxin injections turned a wrinkle into a twinkle

I don't know if it was hereditary, or if I just had a lot of expression in my forehead at a young age, but I've had wrinkles in my forehead as far back as high school. I was the only one in my family who grew up with these furrows. My father had them, but only after many years of his skin being weathered. I wasn't even a sunbather!

My fair skin made the wrinkles even more pronounced. I felt embarrassed about it, because no one else my age had these wrinkles and I constantly wore bangs to cover my forehead.

I made efforts in vain to get rid of the wrinkles over the years, using buffing pads, creams and the like. I remember scrubbing my forehead, trying to make the skin surface smooth. Nothing made the deep wrinkles go away. I thought about getting a face-lift when I got out of high school, but it was too expensive, and I wasn't sure I wanted to have the surgery required to do this.

I had also tried a chemical peel, but it didn't help the deep wrinkles I had. Lasers can be used to treat wrinkles, but laser treatment was too expensive for me.

A few years ago, I became even more determined to improve the way I looked. I talked with a dermatologist who told me about botulinum toxin injections to treat my wrinkles. I was curious about the procedure, but a little nervous at first. You hear "botulinum toxin" and you think "botulism." I thought, if I wouldn't want to eat it, why would I want to inject it? I discovered, however, that this purified, diluted form of the toxin could be used safely to treat problem wrinkles.

I remained skeptical, however, and doubted it could work. After all, I was 34 and had lived with these wrinkles throughout most of my life. But my dermatologist said the injections would take every wrinkle away.

It turned out to be a very simple procedure. In his examining room, the dermatologist

looked at the area I was interested in smoothing out on my forehead and decided how much botulinum toxin I would require. The injections didn't hurt at all — just a tiny pinch at the most. The needle itself is very small. I had eight injections across my forehead. It's more than some would need, but I had very deep wrinkles and they have to paralyze each part of the muscles on the forehead. Even so, I don't think the procedure took any longer than ten minutes. After it was done, I didn't experience any pain or discomfort. You can apply an ice pack if you think you might bruise easily, but you may not even need it. I typically bruise easily from injections and in this case, with the needle being so small, I didn't bruise at all.

One of the advantages to the treatment is that it's something that can be done immediately in consultation with your dermatologist. If you tell your doctor what your needs are ahead of the appointment time, he or she can give you the injections in that same visit. There was no downtime — it was something I could do without upsetting my busy schedule.

The full effects are supposed to be visible in about seven to 10 days. In my case, I could see a difference in about three or four days. Once the transformation was complete, everyone remarked about how much different I looked. My family and friends said I looked much younger as a result of the injections. Botulinum toxin is a temporary fix, but on me it lasts four to six months. The cost for treatment is much more manageable than some of the alternate cosmetic treatment options, and it's worth it to me. Now I'm 37 and some have told me I look like a woman in her late 20s, and best of all, I don't look like I'm frowning all the time. It's the most amazing thing I've ever done in my life. It's changed my appearance, my attitude... everything. I feel 100 percent better. And I don't wear bangs anymore. **Dj**

"Nothing made the deep wrinkles go away. I thought about getting a face-lift when I got out of high school..."

"It's the most amazing thing I've ever done in my life. It's changed my appearance, my attitude...everything."



Because of a prematurely wrinkled forehead, Stacy Brock spent most of her life concealed behind shadowy bangs.



Today Stacy displays her forehead with confidence. "I feel 100 percent better!"

FDA *tightens* Acne Drug Access

The United States Food and Drug Administration (FDA) is closely monitoring patient, pharmacist, and physician use of isotretinoin (brand name Accutane®), an oral medication used to treat severe forms of acne. The “SMART” program — which stands for System to Manage Accutane® Related Teratogenicity — has been implemented by the drug’s manufacturer because it can cause severe birth defects. The purpose of the program is to confirm that female patients are not pregnant when they begin taking isotretinoin, and confirm that they do not become pregnant while taking the medication or for one month after stopping treatment.

Female patients using the medication are required to meet four qualifications regarding birth control and pregnancy:

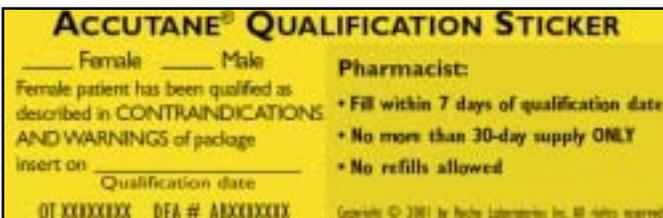
- 1) have two negative pregnancy tests,
- 2) select and commit to using two effective forms of birth control simultaneously,
- 3) read and sign an informed consent agreement, and
- 4) learn about and be encouraged to enroll in the Accutane® Survey.



In addition, dermatologists who prescribe isotretinoin must follow strict guidelines before prescribing the medication, and they must affix a yellow qualification sticker to each isotretinoin prescription they write. Pharmacies cannot fill isotretinoin prescriptions without this sticker, and must fill the prescription within seven days of the qualification date on the sticker with no more than a 30-day supply and no refills are allowed.

The FDA has stated that it will closely monitor the participation of female patients in the survey that tracks the birth control habits of female patients using Accutane®, as well as physicians’ and pharmacists’ use of the yellow qualification sticker. Consequences for not following the requirements of the SMART program could mean tougher regulatory standards with tighter controls on patient access to the drug in the future. **Dj**

Per FDA requirements, all prescriptions for Accutane® must bear this label.



THE SURVEY

The Survey of Accutane® Use in Women is administered by the Slone Epidemiology Unit of the Boston University School of Public Health and has been in effect since 1988.

This three-part survey is mailed by the Slone Epidemiology Unit directly to female patients using Accutane®. To encourage participation, patients are offered a small payment if they return the first survey. Patients are surveyed twice more over the course of their therapy — two months after the first questionnaire, and then about six months after completing treatment. Patients provide their answers directly to the Slone Epidemiology Unit via a postage paid envelope, which is enclosed with the survey.

Because the Food and Drug Administration has placed a high degree of importance on the survey, dermatologists have been informing their patients who use isotretinoin about the survey, and urging them to participate. “I tell my patients that it is my understanding that their participation in the Survey can contribute to the drug’s continued availability, and to please sign up,” explained Denver based dermatologist Barbara R. Reed, M.D., who served as chair of the American Academy of Dermatology Association’s special task force on isotretinoin.

For patients using isotretinoin who would like more information about the SMART program, ask your dermatologist, or visit the FDA’s Accutane® information page at www.fda.gov/cder/drug/infopage/accutane/default.htm.



that's news to her...

A Reporter's Fight Against Skin Cancer

New Yorkers know Michelle Charlesworth as a member of the WABC Eyewitness News Team since 1998. As a reporter and anchor for the station, Charlesworth has been used to finding and reporting the more interesting aspects of metropolitan New York life. But in February of 2001, Michelle Charlesworth received some news of her own.

On assignment in New York to collect information for a story about power liposuction, Charlesworth was in the office of dermatologist Bruce Katz, M.D. The WABC cameraman who was assisting Charlesworth asked Dr. Katz about a mark on his forehead which subsequently turned out to be nothing. But the question prompted Charlesworth to ask about a mark on her own face which, to her surprise, turned out to be skin cancer.

“When I first met Michelle, I noticed she had a slight depression on her right cheek,” Dr. Katz said. “She was wearing make-up because she was on camera, so I really couldn’t tell much about it, but I thought it looked unusual, particularly on a 30-year-old woman.”

Dr. Katz had Charlesworth take off her makeup so that he could get a better look at the spot with a magnifying glass. He observed “a pearly depression in the skin with little broken blood vessels on it — often a sign of basal cell carcinoma, a form of skin cancer,” Dr. Katz said. “She told me she’d had it for a year or two, and that it had increased in size — other indicators of basal cell carcinoma.” He told Charlesworth on the spot that she needed to have a biopsy.

Charlesworth said if she hadn’t been in the dermatologist’s office as a reporter that day, she might never have had the mark examined. “Had [the cameraman] not asked, I never would have asked about it,” she said. “I had gone many times to get a facial and my facialists had told me there was no problem whatsoever. It looked to them like a backed-up pore. So I wasn’t alarmed or concerned about it. But

facialists are not dermatologists. They don’t know what to look for, they can’t tell you what to be concerned about.”

Dr. Katz performed a “punch biopsy,” wherein he removed a tiny bit of skin (about 1/8 to 1/16 of an inch) to be examined. A few days later, Charlesworth received the results of her biopsy and it confirmed Dr. Katz’s suspicions. She had basal cell carcinoma.

Charlesworth and Dr. Katz determined that sun damage was probably the culprit. She had been a tanner all her life, never suspecting that the sun’s rays would pose a threat to her health. “I lived in the south growing up and I was an avid swimmer, and I always got brown during the summer, but I never burned, ever,” she said.

As an adult, her profession as a news reporter put her in the public eye and Charlesworth paid more attention to her face, wearing sun block when outdoors and getting facials periodically. Her goal, however, was to stave off wrinkles and premature aging — she never worried about skin cancer. “It’s very ironic — the one area of my skin that I thought I was really taking care of was my face. Since age 23, I’ve worn sunscreen and a hat when I

went out in the sun. I don’t freckle and I don’t have moles. So I didn’t fit the average profile of someone that would be prone to skin cancer.”

In fact, Charlesworth noticed that the average age of skin cancer patients in Dr. Katz’s office was about 72. “They looked at me, this 30-year-old woman, like I didn’t belong there.”

As Charlesworth learned, however, sun damage can occur at any age, and can show up as skin cancer at some point later in life. According to the American Academy of Dermatology, 80 percent of sun damage occurs before the age of 18, and one in five Americans will develop skin cancer in their lifetime.

“I’d been aware that if your skin changes color at all, you’ve damaged it. But I didn’t realize that sort of damage could be skin cancer,” Charlesworth said. “I only looked for the more obvious signs, like a mole that changes in color or size. This wasn’t anything like that, and it was barely raised. But it turned out to be just the tip of the iceberg.”

The true extent of the carcinoma could not be known until Charlesworth had undergone surgery to have it removed.

“I didn’t fit the average profile of someone that would be prone to skin cancer.”

She now had two grave concerns — the severity of

her carcinoma and the effects that surgery would have on her face. Charlesworth was told, even before surgery, that she was definitely going to have a “sizeable scar” on her face. “I’ll never forget those words,” she said. As someone who made her living in front of the camera, it was a frightening scenario. “I anchor the news on the weekend, and the Sunday before my surgery, I felt almost certain it would be the last time I would ever anchor.”

Despite her fears, Charlesworth remarked that she “felt good about the fact that I was in the hands of capable surgeons, and that I was taking care of the problem.”

The surgical team used a technique called Mohs surgery to remove the cancer. “Mohs is a microscopic form of skin surgery in which a small area is removed, dyed, and frozen (with a machine called a ‘cryostat’),” Dr. Katz explained.

Under the microscope, Dr. Katz looked at the sample to make sure the entire border around the skin cancer is uninvolved (completely out). “If the margins aren’t clear of cancer, we go back and take out another larger margin of tissue to determine if that’s clear,” he said. “We repeat the process until the entire border around the cancer is clear.”

Dr. Katz said one of the benefits of Mohs surgery is that it allows dermatologists to analyze tissue immediately. “With other surgeries you have to wait a few days for analysis of the sample before you determine if further surgery is needed. Dr. Katz added that Mohs surgery allows dermatologists to take out the smallest possible piece of tissue, which can result in less scarring. “Because it’s such a definitive approach, it has a high cure rate,” he said.

Charlesworth’s case was a challenge, however, because the cancer had spread. The surgical team had to go in three times to get all of the affected areas. Charlesworth was awake under a local anesthetic the entire time — eight hours.

being put on gauze strips next to me. I couldn’t see myself, but I knew that if that’s what was missing, I had a huge hole in my face.”

The cancer was successfully removed, but the extensive surgery heightened Charlesworth’s secondary fear — that her looks might be permanently marred. “After Mohs surgery there was a defect in her face about the size of a quarter,” Dr. Katz said, “and it was in an area in the middle of her cheek that’s difficult to close without leaving substantial scarring.

“I enjoy being a pretty funny person, and I didn’t want this to change my smile,” Charlesworth recalled. “When you lose your smile, it can change your personality.”

Waiting in the wings, however, was plastic surgeon Michael Bruck, M.D., who had observed Charlesworth’s entire surgery. The difficulty for Dr. Bruck was that the hole in Charlesworth’s face was across her cheek, not a manageable place to hide a scar. But for the next 3-4 hours, Dr. Bruck worked with the goal of relocating the scar so that it would be

hidden in the folds of Charlesworth’s laugh line.

“Dr. Bruck stretched my skin in three

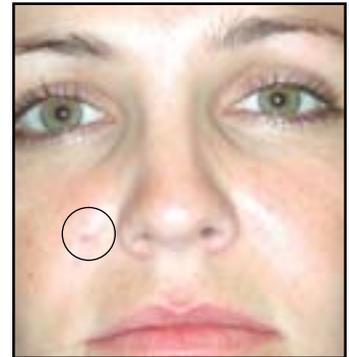
different layers to do what might be called a ‘reverse face-lift’ — instead of pulling skin back to my ears, this pulled the skin down toward my mouth,” Charlesworth explained. “Without that surgery, the scar would have gone in a straight line right across my cheek.” It took 27 stitches, but it was a success. She would still have her smile.

Incredibly, just three weeks later, she was fully recovered and back on television again. Not long after her recovery, Charlesworth appeared on *Good Morning America* with no noticeable signs of her recent surgery.

“Initially it was a little red and swollen, and I did some laser surgery to flatten it down,” Dr. Katz said. “But within a week,

see A Reporter’s Fight Against Skin Cancer page 20

“I could see chunks of my cheek and face



Before surgery, the lesion was apparent in Charlesworth’s right laughline.



Surgery created a large defect after her cancer was removed and before the wound closed.



6 weeks post operative, her scar was already fading.



Michelle Charlesworth accepting the AAD's Gold Triangle Award for her efforts to raise public awareness about skin cancer.

the scar was less noticeable and with time its appearance improved even more. You can barely see anything without her makeup on, and with makeup, you can't see anything at all."

"My face looks the same as it did before surgery," Charlesworth said. "It looks like it never happened."

Although her cancer was effectively removed, Charlesworth has stepped up her skin protection regimen. "Now I wear a 30 SPF sun block *all the time* when I'm outdoors, not just when I'm going to the beach." She also sports a "big ol' floppy hat" when she's outside to further protect her from the sun's rays. "Maybe I look ridiculous, but I don't care," she said.

In August, 2002, Charlesworth received a Gold Triangle Award from the

American Academy of Dermatology for her efforts to raise public awareness about skin cancer, and she continues to share her experience as a cautionary tale for others.

"No matter what your age or skin tone, be aware that skin cancer can occur," Charlesworth warned. "If you see any abnormality on your skin — or if you see it on someone else that you know and love — it should be checked out. That little spot on my face that turned into a giant problem was not something that had given me any previous cause for concern. So I tell people, don't just look for unusual moles or freckles, if you see any change in your skin, have a dermatologist check it out." **Dj**

Dean Monti

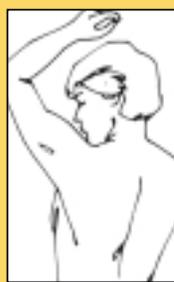
Look Beyond Your Face

Skin Cancer Can Occur Anywhere

Prevention of melanoma/skin cancer is the best weapon against these diseases. But if a melanoma should develop, it is almost always curable if caught in the early stages. Practice periodic self-examination to aid in early recognition of any new or developing lesion. The following is one way of self-examination that will ensure that no area of the body is neglected. To perform your self-examination, you will need a full length mirror, a hand mirror and a brightly-lit room.



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.

an ounce of prevention is worth a pound of cure

Do You Have “Smoker’s Face”?

For many people, the physical signs of aging are a stressor. And for many people, smoking is perceived as a way to combat stress. What many people don’t realize, however, is that smoking can hasten and aggravate the physical signs of aging on the skin.

Nicotine — an addictive substance present in cigarettes — can diminish the body’s blood flow, preventing the necessary oxygen in blood cells from reaching the skin. The deep, premature wrinkles and discoloration caused by cigarettes is called “smoker’s face.” Although this is the most common dermatological effect of smoking, cigarettes have also been associated with skin cancer and an increased risk of death caused by the deadliest form of skin cancer, melanoma.

“Crow’s feet” — wrinkles formed at the outer edge of the eyes — and sallowness, pale skin around the eyelids are also linked to cigarette smoking, likely caused by constricted blood flow to the eyelid and squinting to protect the eyes from the drifting smoke pouring out of a lit cigarette.

The risk of developing “smoker’s face” is related to a smoker’s skin color and gender. For instance, the risk is much greater for white, female smokers than their black and male counterparts, because white women are more susceptible to skin damage caused by aging.

WHY GENDER IS A FACTOR

“The male hormone (androgen) causes a man’s dermis — the lower layer of the skin — to be thicker than a woman’s,” said Jerome Z. Litt, M.D., assistant clinical professor of dermatology at Case Western Reserve University School of Medicine, Cleveland, Ohio, and author of *Your Skin From A to Z*. “As a result of this extra thickness, he is better protected from the weather, such as cold and wind, and less likely to have aging damage from the sun.”

According to Dr. Litt, it is the tightly packed collagen fibers in men’s skin that adds to its resilience. Droopy skin around the throat or those little vertical lines (so-called “whistler’s wrinkles”) on the upper lip — which are possibly aggravated by smoking or putting on lipstick as well as sun exposure — occurs mainly in women.

WHY SKIN COLOR IS A FACTOR

According to Dr. Litt, variations in skin color affect variations in developing smoking-related wrinkles. “The white female, who has been smoking since she was 18 years of age and who smokes one or two packs a day, will develop wrinkles in her late 30s or 40s,” he explained. “If she is of Celtic origin, she will develop them earlier — and much earlier than her southern Mediterranean neighbor, whose skin is darker and thicker and whose collagen and elastic fibers are not nearly as fragile as hers.”

AVOIDING “SMOKER’S FACE”

Not smoking is the best approach to prevent these effects and the other health risks associated with smoking.

“Other than corrective (plastic) surgery,” Dr. Litt said, “there are no known topical preparations to thwart the development of symptoms of ‘smoker’s face.’ Many of the alpha-hydroxy acids and some skin peels can reduce the wrinkling, as it can for the normal aging process and for the ravages of the sun. But there is nothing specific for the so-called ‘smoker’s face.’” **D_i**

Karen Stein



PROGRESSION OF THE EFFECTS OF SMOKING

Cigarette smoking mostly affects the skin of the face and hands — specifically around the mouth, eyes, and fingernails. According to Jerome Z. Litt, M.D., assistant clinical professor of dermatology at Case Western Reserve University School of Medicine, Cleveland, Ohio, the progression of the effects of smoking on the skin depends on several factors:

- How long the person has been smoking
- How many cigarettes/packs per day are smoked
- Age of the patient
- Skin color of the patient
- Sex of the patient
- Amount of sun exposure by patient

According to a study by Alan S. Boyd, M.D., of the Department of Dermatology at Vanderbilt University, excessive, long-term smoking causes decreased blood flow to the face and allows for toxic substances to reach facial tissues, causing wrinkles. In addition, Dr. Boyd suggests that the continuous presence of a heat source near the face — that is, a lit cigarette — plays a substantial role in causing “smoker’s face.”

“Unfortunately, the skin is like a sponge and a bank,” said Dr. Litt. “It stores these degenerative processes for a lifetime. But, like sun exposure, you can say it’s *never* too late to retard (but not halt) the process.”

Passport to Health...



Beware of Tropical *and* Foreign Skin Diseases

Many people are tempted each year to seek out exotic travel destinations. Some environmental conditions in these locations, however, put travelers at a greater risk than they would experience in industrialized countries and urban locales.

“While the type and severity of illness depends on a variety of factors such as a person’s age, the country visited, lifestyle, and duration of stay, it is estimated that 3 to 10 percent of travelers experience problems related to the skin, hair, and nails,” said Luiz G.M. Castro, M.D., Division of Dermatology, University of Sao Paulo, Brazil.

Dr. Castro said that overexposure to the sun in tropical areas is one of the most common problems. Travelers are often unaware that the sun’s rays are more intense in tropical areas nearest to the earth’s equator, which leads many to develop severe sunburns. In addition, exposure to ultraviolet radiation also temporarily suppresses the immune system and may be responsible for other illnesses. The reactivation of herpes simplex is a common response to overexposure to the sun.

Fungi, common in warm and damp climates, can cause external or deep-seated infections. Sporotrichosis, the most common urban fungal disease affecting individuals with healthy immune systems,

normally is transmitted after a thorn or an animal bite punctures the skin. The affected skin becomes inflamed, red, and tender and may become ulcerated and secrete fluids.

Parasites are the source of many infections, and warm, unsanitary conditions are the most obvious breeding grounds, according to Mervyn Elgart, M.D., University Dermatology Associates, Washington, D.C.

“In the United States, we have insects like flies

and mosquitos that are basically alive during the summer and die off in the winter,” Dr. Elgart said. “But in many places, like the Middle East and India, they have a life cycle approximately every three months.”

Dr. Elgart said “creeping eruption” is a frequent summer infection. Often it is picked up through the larvae of dog or cat feces in the sand. “The eggs hatch and newly formed organisms

try to get into an animal, such as a dog, but they can’t always tell the difference between a dog and human,” said Dr. Elgart. When the larva penetrates the traveler’s skin, red fluid-filled bumps form in a continuous pattern as the worm advances a few millimeters a day. “In humans, the larvae can’t get past the barrier of the epidermal junction, so it just wanders around on the surface of the skin and produces a lot of inflammation and itching.” While creeping eruption occurs domestically in the southeastern portion of the United States, Dr. Elgart said he’s seen quite a few cases that originate in the Caribbean.

In the countryside, travelers are at risk for cutaneous myiasis, an infection that is transmitted when a mosquito carrying botfly eggs bites a traveler. As these eggs are released into the skin, the affected

traveler’s skin becomes prickly and swollen and a small hole appears in the skin for the larvae to breathe.

Occurring near pigsties in parts of Africa, South America, and other areas that have low hygienic



conditions, jiggers is an infection which is caused when the fertilized female sand flea penetrates the traveler's skin and burrows into the tissue. If itchy bumps develop, often on the soles of the feet, travelers should



consult a dermatologist as soon as possible for a rather simple surgical extraction.

Often the source of a parasite is unknown and dermatologists become detectives, determining treatment from the signs and conditions present in the skin.

"Sometimes dermatologists have to work with the effect when they cannot identify the exact cause," Dr. Elgart explained.

"People who travel a lot in Africa, for instance, often come back having been exposed to an unknown parasite and end up with tropical



eosinophilia. Treatment with ivermectin has been effective in some cases where the parasite is unknown."

Leishmaniasis, transmitted by an insect bite, is epidemic in many areas of the world. Due to its prevalence near jungles, this infection is very common in army personnel and affected many members of Operation Desert Storm. "What we

said. "We see it primarily in patients returning from the Middle East or South America. They are bitten by the insect that transmits the disease and they develop a skin ulcer." Dr. Elgart said that although leishmaniasis is rare in humans here in America, travelers need to be wary because it is a potentially destructive condition and little has been accomplished to stop its prevalence. "I see at least one or two cases a year," he said. Following treatment with injection or intravenously, the average recovery time of leishmaniasis and the ulcers it causes is one month. Antifungal drugs have also appeared to help treat the condition, Dr. Elgart added.

While not very common, spider bites are most likely to affect travelers who participate in hiking or camping on ecological adventures. After a spider bite, the tissue may be destroyed and an ulcer may develop. While anti-venom is necessary for poisonous spiders, most bites can be treated symptomatically.

*if you're going to travel
wear protective clothing
and apply insect repellent*

dermatologists have seen mostly is cutaneous leishmaniasis," Dr. Elgart

While ants are common throughout the world, bites from them are rare. Fire ants, however, seen in other countries and now invading New Orleans, much of the Southeast and Texas, can cause serious problems. "Their sting may be no worse

than a wasp's but they travel in large groups," Dr. Elgart said. "So if you fall asleep near a nest of fire ants, you could be in big trouble." Travelers who are bitten by an ant

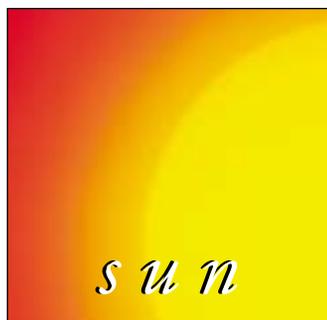


will develop itching, burning, and red pimples within a few minutes that will later increase in size as they fill with pus. Ant bites are usually treated symptomatically using analgesics and topical anesthetics.

"I think the most important thing to do is try to avoid getting bitten by insects, since very often they're carrying things you don't want to bring home," Dr. Elgart said. "So if you're going to these areas it makes good sense to wear protective clothing and apply insect repellent." **Dj**

Dean Monti

When you travel, beware of:



The sun's harmful rays are more intense in tropical areas nearest to the equator.



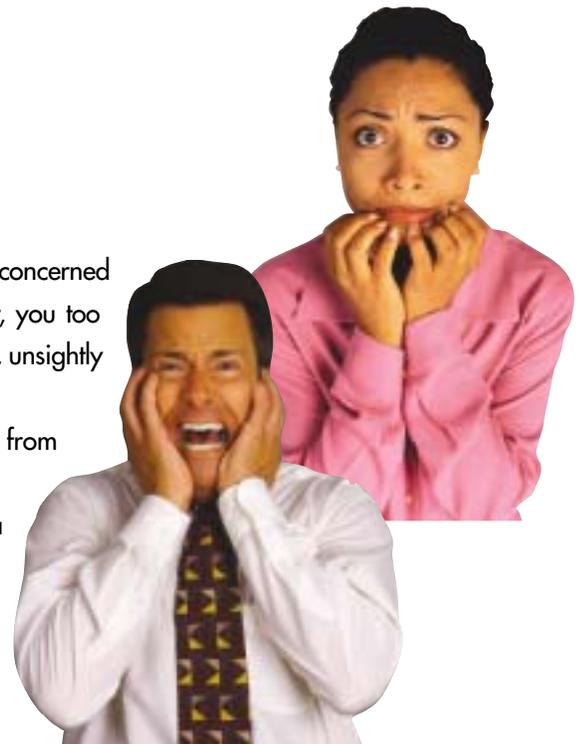
stings

Always wear protective clothing and apply insect repellent.



Animal feces carrying parasite larvae are often hidden on the beach.

When Things Get Too Hairy



The desire to remove unwanted body hair is something people have been concerned with for thousands of years. Chances are that once you reached puberty, you too discovered hair in places that you'd rather it wasn't. For some men and women, unsightly hair growth doesn't stop under the arms or on the legs.

Women who experience excessive facial or body hair may be suffering from hirsutism, a male pattern growth of hair on the face, chest or abdomen. Besides being cosmetically distressing, hirsutism may also signal the presence of a medical condition.

"Unfortunately, women often dismiss the condition as hereditary," said board-certified dermatologist Amy McMichael, M.D. "But if hirsutism is accompanied by other symptoms, such as acne, irregular menstruation or a deepening of the voice, there may be a hormonal abnormality."

According to the U.S. Food and Drug Administration (FDA), women are not alone in their hair-free efforts. American men also spend millions of dollars each year on products promising to remove unwanted hair.

Options Aboard

Today's hair removal methods range from shaving, tweezing, and using creams and foams in the privacy of your home, to more professional services like waxing, electrolysis and lasers.

According to Dr. McMichael, the cost, safety and ease of use, as well as the area and the amount of hair, should determine whether unwanted hair should be removed in a do-it-yourself fashion or professionally.

"There are three categories that hair removal can fall under — processes that give instant results, hair reduction or permanent hair removal," said Dr. McMichael.

Shaving is by far the most common method of hair removal and works by cutting off hair at the skin level. Dr. McMichael noted that while shaving is inexpensive and offers instant results, it might irritate the skin and produce "razor bumps."

Depilatories dissolve the protein structure of the hair like a chemical razor blade, and are available in gels, creams, lotions and roll-ons. Depilatories are fairly inexpensive and offer immediate results, but are difficult to apply on large areas and may cause skin irritation.

While depilatories and shaving remove hair at the skin's surface, epilatories, like tweezers and waxes, pull out the hair below the surface. Tweezing is inexpensive and quick, but better suited for smaller areas.

In waxing, a thin layer of wax is applied in the direction of the hair growth and quickly pulled off in the opposite direction, taking the embedded hair with it.

"The results can be dramatic and last for weeks, but it can be uncomfortable and irritating," said Dr. McMichael. "And unless

you have a small amount of unwanted hair within reaching distance, you will definitely need professional help."

In electrolysis, a fine wire is inserted into the hair follicle and an electric current destroys the follicle.

"Because electrolysis destroys the hair follicle, it is considered by many to be the only permanent hair removal method today," said Dr. McMichael.

Laser hair removal is becoming increasingly popular and may offer months of hair-free skin or a reduction in hair growth.

"Lasers work by recognizing the pigment in the hair follicle and damaging its growth mechanism. If done properly, the laser light is absorbed only by the pigment in the follicle, leaving the surrounding skin unaffected," Dr. McMichael explained.

Since lasers recognize hair pigment, however, laser hair removal is not effective on light hairs, like blonde, gray or white.

Both electrolysis and lasers require a series of treatments and can be uncomfortable and costly. But when performed by a licensed professional, these treatments may offer more long-term results than other hair removal methods.

Another option for removing unwanted facial hair is through the use of a product called eflornithine hydrochloride, the first ever FDA-approved prescription topical cream designed to slow hair growth.

Dr. McMichael added that if hirsutism is the root of your excessive hair, your dermatologist might also prescribe an anti-androgen drug to block the production of excessive male hormones.

Amy Gall

In Search of *Smooth Surfaces*

When eliminating unwanted body hair, many people choose tweezing and shaving. Both are quick practices that offer instant results, but for some, these common hair removal methods produce irritating and unsightly reactions.

Tweezing

Tweezing temporarily removes hair by pulling it out by the root. This may be a little uncomfortable, but most people are able to bare the minor sting and many feel nothing at all.

In some cases, plucking the hair may irritate the skin, resulting in a red, swollen follicle. If this occurs, board certified dermatologist Amy McMichael, M.D., recommends soothing the inflammation with a cold compress or an ice cube.

When tweezing, the hair should be pulled firmly but gently to avoid breakage, which can create a sharp point, increasing the risk for an ingrown hair, a pimple or cyst-like nodule.

“Normally, hair grows straight out of the follicle, but hair with sharp tips may curl and penetrate the side wall of the follicle,” said Dr. McMichael.

If this happens, use a sterilized needle to gently lift the hair from the nodule and then apply alcohol.

If not treated, ingrown hairs may become infected and scar.



THE RIGHT *tweeze*

- Tweeze after a warm bath or shower when it is easier to pull the hair out.
- To avoid over-tweezing, make sure lighting is good.
- Select tweezers with tips that meet for a good grip.
- Stretch the skin slightly, grasp close to the root, and pull gently in the direction of growth. Do not yank the hair.
- Avoid plucking during menstrual cycle when discomfort may be increased.



Shaving

THE PERFECT *shave*

- Always use a sharp blade and when possible, avoid shaving dry skin.
- Shave after a warm bath or shower when hairs are easier to cut.
- Apply a shaving cream or lotion a few minutes before shaving.
- Shave in the direction of the hair growth.
- Stroke the area no more than twice to reduce skin irritation.
- Rinse with soap and water to reduce the risk of infection.

Shaving is by far the most common method of hair removal for both men and women, and works by cutting off the hair at the skin level. The hair can start to grow back in as little as a day, and although shaving isn't painful, new growth can be itchy.

“For best results, use a clean razor with a sharp blade,” said Dr. McMichael.

To avoid careless scrapes, select a razor with safety wires and a flexible head. If you prefer an electric razor, avoid the closest setting which can lead to skin irritation.

In addition to the occasional nick or ingrown hair, shaving may cause folliculitis, an inflammation caused by bacterial infection or physical or chemical irritation.

In the beard area this condition is known as pseudofolliculitis barbae, or razor bumps, and occurs primarily in African American men when curly hair grows into the adjacent follicle and form a small, curled mass.

“Over time, folliculitis can produce keloidal scarring,” said Dr. McMichael. “If the condition is chronic, a visit to the dermatologist is needed for further treatment.” **Dj**

Amy Gall

Another fine mess!



Solutions for fine and thinning hair

You've tried everything to spark some life into your hair. You've spent hours twisting, tying, braiding and curling it in hopes of some form of volume, only to discover lifeless hair an hour later.

the right cut, products and styling tools can add some body in no time!

THE ROOT OF THE PROBLEM

Hair is made up of three layers, the protective cuticle, the cortex (responsible for strength, elasticity and color) and the medulla, the spongy center. According to board certified dermatologist Susan Taylor, M.D., fine hair is the result of a small cortex diameter, and the cortex diameter is almost always determined by genetics.

"Fine hair is something that is typically inherited," said Dr. Taylor. "But in some cases, it may also be the result of a medical condition."

Whatever the cause, you don't need to declare defeat. The right cut, products and styling tools can add some body to your flat tresses in no time.

THE RIGHT CUT

Getting the right cut is the first step in adding bounce to your thin mane, according to three-time Emmy award winning hairstylist Bryant Renfroe, who has worked with the cast of "The View" and Kathy Lee Gifford.

"People with fine hair often think that adding a lot of layers will give them body," said Renfroe. "But too many short layers around the face can actually make their hair more lifeless."

Instead, Renfroe suggests putting definition and movement into fine hair with long layers.

"Fine hair looks best cropped above the shoulders for more volume," said Renfroe. "A blunt cut or a geometric bob will let fine hair shine while giving it drama and movement."



LIVELY PRODUCTS

According to Dr. Taylor, people with fine hair typically have oily hair and should wash it once a day with a volume building cleanser to pump life into limp hair.

"Shampoos designed to thicken hair do so by coating the hair, or by attracting additional moisture to the hair shaft which will cause a temporary swelling or plumping of the hair," Dr. Taylor explained.

To smooth hair, try a light conditioner applied only to the ends or a detangling spray.

Gels, mousses, hair sprays, thickening creams and serums can also add body, but avoid

products that contain alcohol because they may make fine hair dry, brittle and prone to breakage.

WONDER TOOLS

Renfroe recommends blow drying the roots first and using the lowest setting to add volume.

"Lower settings will give you more control over the heat and airflow, which will allow you to pump up your hair slowly while still drying it," Renfroe explained.

Use a round brush or lift the roots of your hair with your fingers to style hair while drying it for added body. The diameter of the brush should complement the length of your hair, as short hair will be difficult to wrap around a large brush.

Hot rollers and curling irons can also add life to fine hair, but no matter what your hair type is, Dr. Taylor noted that it's important not to leave the curling iron in place for more than a second or two because excessive heat can damage your hair. **D;**



Are Your Nails Thirsty?



Fingernails are an important structure of the human body, so it is vital that they remain healthy. In addition to prevention of injury and protection from fungus, maintenance of nail moisture, or hydration, is an essential component of beautiful, strong nails.

Water is the principal plasticizer in the body — it maintains flexibility in all the body’s keratin-based structures, including nails. Dehydrated nails are characterized by peeling, a medical condition known as onychoschizia.

Source of Dehydration

“Nail dehydration is simply loss of water from the nail plate,” said Zoe D. Draelos, M.D., clinical associate professor in the department of dermatology at Wake Forest University School of Medicine, Winston-Salem, N.C. “Mainly, external lifestyle choices affect nail hydration; smoking and sun exposure do not cause nail dehydration; and, unfortunately, drinking water does not aid in replenishing that lost moisture. Washing dishes, using medical soaps, and occupational exposure to solvents all dehydrate the nail plate, leading to peeling, cracking, and splitting.” According to Dr. Draelos, nail plate peeling, loss of nail shine, and frequent, easy nail breakage are common signs of nail dehydration.

Protect Your Nails

Although there has been concern that nail polish is a cause of nail dehydration, this is not the case. In fact, many nail polishes and enamels offer protection for the nail from detergent and water contact because they contain nitrocellulose, a film-forming agent that adheres to the nail plate and protects it from dehydration. The nail enamel inhibits nail water vapor loss, leading to enhanced moisturization and flexibility, according to Dr. Draelos.

Nail hardeners, however, actually increase nail breakage. The hardening agent decreases nail plate flexibility. This makes the nail more brittle and unable to withstand the effects of trauma from daily use of the hands.

The real culprit that links nail adornment to dehydration is nail polish remover, Dr. Draelos explained. Typically, nail polish remover contains acetone-based solvent, which is rather harsh on the nail and lowers the normal nail water content. Some companies manufacture removers that contain fatty materials (such as cetyl alcohol, lanolin, or other synthetic alcohols). Although these additives act as moisturizers and diminish nail dehydration, they are not powerful enough to cancel out the effects of the stronger components of the remover (which are necessary to actually dissolve the polish or enamel).

Nail moisturizers — creams or lotions that contain barriers to

evaporation such as petrolatum and mineral oil — are a relatively new approach to combating water loss in the nail. It is recommended that these moisturizers be applied frequently to the nails after each hand washing. Some nail moisturizers contain alpha hydroxy acids, such as lactic acid or glycolic acid, which increase the ability of the dehydrated nail plate to retain water.

Because nails are a nonliving structure, water loss from the nail is permanent, according to Dr. Draelos. Therefore, if nail hydration is of great concern, it is best to apply such protectants frequently and, if possible, to discontinue the activities that cause nail dehydration. **Dj**



*because nails
are a nonliving structure,
water loss from the nail
is permanent*

Karen Stein

Who cares for your kisser?



Dermatologists do!

Many people wrongly believe that dermatologists only treat skin conditions of the face, arms, legs, and other traditional problem areas of the body. However, dermatologists also have the training to treat common and uncommon conditions of the mouth.

Cheilitis (pronounced ki-li-tis) is inflammation of the lips, and it takes many different forms. “The most common problem is the cracking or fissuring at the corners of the mouth, called ‘angular cheilitis,’” said Roy S. Rogers, III, M.D., Mayo Clinic Department of Dermatology, Rochester, Minn. “Different things can cause it. It could be infection, or it could be a sign of underlying disease, or it could be a distortion of the previous anatomy of the face, such as with those who have lost teeth and the skin folds onto itself, called the ‘loss of vertical dimension.’”



ANGULAR CHEILITIS

Cheilitis is often associated with excessive salivation and might be brought on by dental flossing or trauma. “In children, it can be caused by habitual licking and sucking on objects,” Dr. Rogers explained. “It occurs more frequently in the elderly by seepage of saliva into deep skin folds. Sometimes a change of dentures may be necessary.”

Cracking of the corners of the mouth, or any scaling or pain that may accompany it should be treated. “These symptoms should prompt a visit to a dermatologist,” Dr. Rogers advised. Angular cheilitis is often treated with topical antibiotics, but “treatment will only be effective if the underlying disease

is also being treated,” he said. “About 10 percent of those who have HIV diseases have angular cheilitis, so it can be a sign of internal disease or infection.”

Contact cheilitis is an inflammation of the lips caused by an allergen or irritant.

According to Dr. Rogers, topical corticosteroids can calm the inflammation and provide relief. The inflammation should subside once the offending allergen or irritant is removed. First, however, the irritant or allergen must be identified.

“The first step will be to determine if the patient has an allergy,” Dr. Rogers explained. “Patch testing is an important method used to determine what’s causing the reaction.”

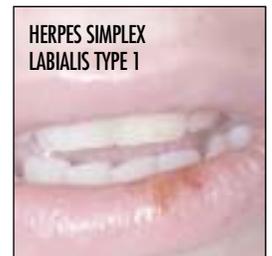
Patch testing is a relatively simple allergy testing method. It does not involve scratches or pricks to the skin, and therefore it identifies only skin irritants — it does not identify allergies to food, oral medications or inhalants. The process takes about 20 minutes. After 48 hours, the patient returns to the dermatologist to have the patches removed. The patient’s skin is then examined for any redness, inflammation or swelling. After 96 hours the patient is checked again, because it sometimes takes this long for a skin reaction to appear. If patch testing reveals an allergy to a particular substance or substances, your dermatologist will inform you about it, so

that you can avoid using that substance on your lips in the future.

According to Dr. Rogers, some common allergens that can cause lip and mouth irritations are found in tartar control toothpaste, sunscreens, clarinet reeds (and similar reeds used for woodwind instruments), foods and flavorings, lipsticks and lip salves. Lip irritation may also be caused by environmental factors such as dryness, windburn and sunburn.

Another condition of the lips and mouth that dermatologists commonly see is fever blisters and cold sores, called **herpes simplex labialis type 1**, which is caused by a virus.

Although there is no cure for herpes, and recurrence is common, there are some things that can be done to lessen the severity of an outbreak. “You can use sunscreen to block the sun damage to the lip which often causes fever blisters to occur,” Dr. Rogers advised. “There are also oral antiviral antibiotics that can be used to shorten the course of the episodes or to prevent severe episodes. But in these cases, the antibiotics have to be taken in advance. Those who are prone to cold sores and fever blisters may need to use the antibiotics in this way.” **D_i**



HERPES SIMPLEX LABIALIS TYPE 1

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You're So Veined

*...you probably think this article is about you
(and you're right)*



Bulging blue varicose veins can be agonizing to millions of adults (mostly women). There are now a number of surgical treatment options to help eliminate varicose veins that often appear like a road map on the legs.

The latest procedure is called “closure” and dermatologic surgeons say it combines the benefits of existing procedures used to remove leg veins but with less swelling, bruising, and pain. Some dermatologists expect it could become the preferred treatment method to get rid of varicose veins.

Varicose veins are large or swollen blood vessels that occur from the backward flow of blood in the legs caused by damaged or diseased valves in the veins. They may occur with spider veins (smaller, closer to the surface red or bluish blood vessels), are sometimes raised, and often

appear blue. The origin of these varicose veins may be hidden under the skin.

“Varicose veins are formed due to a defect in the way the vein is made during development, so that it is too stretchable,” said Robert Weiss, M.D., assistant professor of dermatology at Johns Hopkins University School of Medicine. “When it stretches beyond where the valves can meet, the blood can flow backward in the wrong direction.”

Varicose veins can cause swelling, leg heaviness, burning, and aching in the affected area. The pain can worsen as the distended vein pushes against surrounding nerves. The condition can also limit movement and pose health risks, such as ulcers or phlebitis (inflammation of a vein). Varicose veins often run in families. Pregnancy, hormones, and injury can contribute to them.

Several methods can now be performed in your dermatologist’s office using local anesthesia to eliminate unsightly varicose veins.

LASER TREATMENT. Until recently, lasers were used primarily for smaller, superficial veins, such as those in the face. However, new technologies have allowed for laser treatment of leg veins. Laser therapy eliminates leg veins by generating an intense pulsed light that destroys visible veins so they fade and slowly disappear. Two to five treatments are usually required, depending on the severity and density of the veins. Each treatment usually takes 15 to 20 minutes. Lighter skin types do better with lasers than do darker skin types, which face a high risk of pigmentary alteration.

CLOSURE. For surface and deeper veins. One small incision is made above the knee and a heated small tube or catheter delivers radio-frequency energy so the vein shuts. Patients can resume normal activity immediately after treatment. Further treatments are usually required.

SCLEROTHERAPY. Injections may be used to cause veins to collapse and become scar tissue that eventually is absorbed by the body. Generally requires multiple treatment sessions to eliminate the veins. Treatments must be separated by at least four to six weeks. Following treatment, the patient may be advised to compress treated areas for varying lengths of time, depending on the veins treated.

AMBULATORY PHLEBECTOMY. Removes surface veins through a series of tiny punctures along the path of an enlarged vein. The vein is seen under a special light source that allows it to stand out.

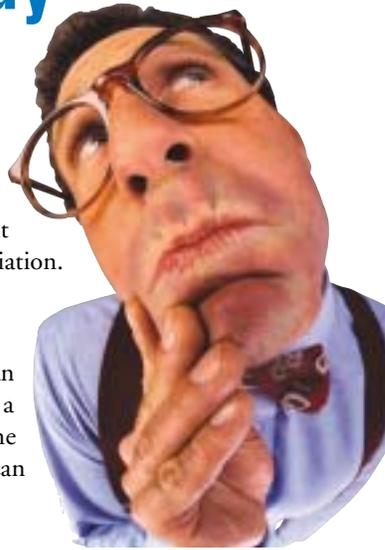
The best method of treatment for you should be decided in consultation with your dermatologist.

*For further information about the treatment of varicose and spider veins, ask your dermatologist. Additional patient information is available from the American Academy of Dermatology at 1-888-462-DERM, or by visiting the AAD Web Site at www.aad.org. **Dj***



Mr. Question Guy

asks...



Q: What is a LASER?

A: The word LASER is an acronym for **L**ight **A**mplification by the **S**timulated **E**mission of **R**adiation.

Q: What does that mean?

A: Simply put, lasers work by producing an intense beam of bright light that travels in a pinpointed direction. Lasers can produce one specific color of light, called a “wavelength” and can vary and intensify the direction of the light.

Q: What does that have to do with dermatology?

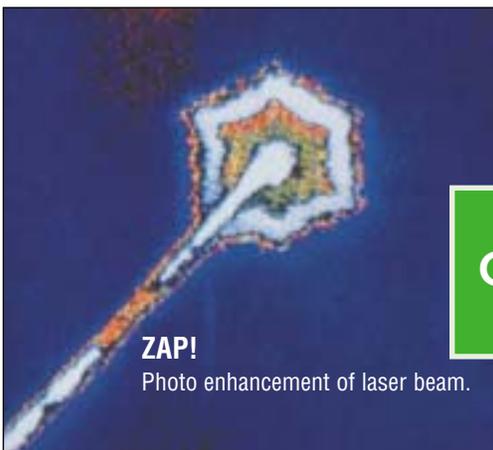
A: Dermatologists use lasers to treat a variety of conditions, including wrinkles, varicose and spider veins, port wine stains and hair removal for example. In fact, dermatologists were among the first specialists to use lasers for treating skin disorders.

Q: Are there different kinds of lasers?

A: The CO₂ Erbium-YAG laser is used for sun damaged, aging, wrinkled or scarred skin. It may also be used as a cutting instrument, or on very high power to remove moles and skin cancers. Q-switched Nd:YAG lasers are often used to remove tattoos and deep pigmented lesions, such as moles or freckles. Pulsed dye lasers are used to treat vascular lesions, like spider veins, warts, scars and stretch marks. There are other laser systems and sometimes lasers are used in combination. Your dermatologist can recommend the best kind of laser treatment after an examination.

Q: The last time I saw a laser it was used to destroy an alien creature in a movie on the SciFi Channel. Is it safe?

A: In real life, lasers are used safely by qualified physicians. However, as with any medical procedure, there are risks and benefits. Scarring, pain, lack of permanent results, delayed healing up to several months, and other risks are uncommon, but possible. But according to the American Society for Dermatologic Surgery, “the newest laser systems have become remarkably precise and selective, allowing treatment results and safety levels not previous available.”



ZAP!

Photo enhancement of laser beam.

HISTORY OF LASERS

1917: Albert Einstein calculates the conditions necessary for stimulated emission of radiation to occur. But, it would not have any practical application until the 1950s.

1954: Charles Townes in the United States and, independently, Basov and Prokorov in Russia, suggested a practical method of achieving lasing. This was using ammonia gas and produced amplified microwave radiation instead of visible light (called a MASER). In 1964, these researchers would share the Nobel Prize for Physics.

1958: Townes and Arthur Schawlow calculate the conditions to produce visible laser light.

1960: The first true LASER was demonstrated by T. Maiman, using a ruby crystal.

Q: Why is “precise and selective” a good thing?

A: It means that the laser can be directed exactly to where it is needed, rather than on a large, non-specific area of the skin.

Q: Will laser treatment leave any marks on me?

A: All patients are different — redness and scarring depends on the individual and can last from several weeks to several months. Permanent scarring is rare. The strength of the laser and its exposure time to the skin can be precisely controlled, so the extent of a laser burn may be more predictable than that of dermabrasion or chemical peels.

Q: What is laser resurfacing of the skin?

A: Laser resurfacing, also known as laser dermabrasion, is a laser technique that is used for smoothing fine wrinkles of the skin. Various types of lasers are applied to the skin in short pulses to remove irregular contours, tattoos, discolored areas, and blood vessels.

Q: Am I a good candidate for laser surgery?

A: Anyone who has an irregular area of skin, for whatever reason, is a potentially good candidate for laser surgery. As with any dermatological surgery, you should consult with your dermatologist about the best course of treatment.

QUESTIONS?

The AAD offers educational pamphlets on many dermatologic conditions, and can provide a list of local dermatologists. Call the AAD toll-free 1-888-462-DERM or log on to the AAD Web site at www.aad.org.

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