Comfort with Care: Dermatology for Ethnic Skin

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Objectives

• Define ethnic skin/skin of color
• Discuss skin conditions affecting ethnic skin
• Discuss hair conditions affecting ethnic skin
• Discuss cosmetic considerations in ethnic skin
Defining Skin Color

• Ethnic skin or skin of color
  – Broad range of skin types and complexions that characterize individuals with
darker pigmented skin
  – Includes African, Asian, Latino, Native American, and Middle Eastern decent
  – Encompasses skin types IV - VI
COMMON SKIN CONDITIONS IN ETHNIC SKIN
Skin Cancer

- Skin cancer
  - Non-melanoma skin cancer and melanoma
    - 4-5% of all cancers in Hispanics
    - 1-4% of all cancers in Asians, Asian Indians and African-Americans
  - Less common in dark-skin however has greater morbidity and mortality
  - Risk factors
    - Ultraviolet (UV) radiation from sunlight
    - Scarring processes/chronic injury (e.g. burns, non-healing leg ulcers, skin lupus)
    - Depressed immune system
Skin Cancer

- Non-melanoma skin cancer:
  - Flat or raised
  - Shiny, red, pink or brown
  - Asymptomatic or painful
  - Bleeding, scabbing
  - Growing, changing
  - Can occur anywhere on the body
Skin Cancer

• Melanoma:
  – Dark brown to black
  – Flat, raised or ulcerated lesions
  – Asymptomatic or painful
  – Feet, palms, fingernails, toenails, and inside of the mouth
  – Can travel to other parts of the body (metastasize)
Skin cancer

Melanoma:
• Asymmetry
• Border irregularity
• Color variation
• Diameter
• Evolving
Pigmented nail bands

Melanonychia (nail streaks):

- Occurs more commonly in dark-skinned individuals
- Nearly all Afro-Caribbeans will develop black-brown pigmentation of the nails by the age of 50
- Melanocytic (pigment) activation or hyperplasia
Melanoma:

• **A:** Age >50 years old
• **B:** Brown/black, blurred borders, breadth
• **C:** Change
• **D:** Digit: single digit
• **E:** Extension of pigment into nail fold
• **F:** Family or personal history of melanoma
Effects of the sun

• Ultraviolet (UV) light causes damage to the skin
• It is a myth that individuals of color do not need to use sunscreen
• Although skin of color does not burn easily, UV rays still cause damage
  – Skin cancer risk
  – Accelerates the aging process
  – Worsens pigmentary changes
• Sun damage adds up over a lifetime
Sun Protection

• Sun protection
  – Avoid the sun between 10 AM and 2 PM
  – Stay in the shade
  – Stay away from surfaces that reflect the sun’s rays (e.g. sand, snow, and water)
  – Wear broad-brimmed hats, long sleeves and pants
  – Use sun blocking films on your car and home windows
  – Never use tanning beds
  – Eat a healthy diet that may include vitamin supplements to get Vitamin D safely
  – Use sunscreen every day (year round)
Choosing a Sunscreen

How to choose a sunscreen:

- Sun Protection Factor (SPF) > 30
- “Broad-spectrum”
  - Parsol 1789 (avobenzone), titanium dioxide, zinc oxide or Antihelios (mexoryl)
- Sunscreens with ‘micronized’ or ‘transparent’ zinc oxide may be more cosmetically acceptable in skin of color
  - (e.g. EltaMD® UV Clear, e.t.c.)
- You may need to try different sunscreens before you find one you like
Choosing a Sunscreen

How to apply sunscreen:

• Apply to dry skin about 15 minutes before going outdoors
• One ounce (30 ml) should cover the exposed areas of the body
• Put on more sunscreen every 2 to 3 hours
• Re-apply after swimming or sweating
Dry skin

• Dry Skin (xerosis)
  – Common skin problem that affects all ages
  – Worse in the winter/dry season
  – Skin becomes rough, scaly, cracked
  – Commonly itchy
  – Causes
    • Lack of water in the top layer of the skin
    • Hot water, or harsh soaps/chemicals
    • Aging and sun damage
Dry skin

• Treatment
  – Shower or bathe daily for under ten minutes with lukewarm water
  – Use mild soap (avoid scented soaps and bath oils)
    • Camay®, Dove®, Tone®, Neutrogena®, Purpose®, Oil of Olay®, Cetaphil®
  – Pat yourself dry with a towel gently and leave your skin slightly damp
  – Use moisturizing cream or ointment right away (avoid lotions)
    • Cetaphil Cream®, Vanicream®, Aquaphilic®, Eucerin®, Aquaphor®, or Vaseline®
  – If dry skin affects the hands, always reapply creams after handwashing
Acne

- Acne vulgaris
  - Acne is a common skin condition seen in skin of color
  - Usually starts in the early teens and can continue into adulthood
  - Face, chest, shoulders and back
  - Comedonal, inflammatory and cystic types
  - Mild, moderate and severe types

- Complications:
  - Can lead to significant postinflammatory hyperpigmentation and scarring
Acne

• Causes of acne:
  – Clogged pores
  – Increased oil production
  – Inflammation (redness and irritation)
  – Bacteria (Propionibacterium acnes)

• Exacerbating factors:
  – Squeezing, scrubbing or picking
  – Greasy products (skin/hair products)
  – Hormones
  – Pressure on the skin: sports wear, helmets, cell phones
Acne

- Skin care and acne prevention tips
  - Prevent dark spots and scars by treating acne early
  - Be gentle with your skin
  - Avoid manipulation of acne (no picking!)
  - Skin care products
  - Sun protection is important
• Treatment Options:
  – The goal of treating acne is to clear the existing lesions and prevent new breakouts
  – This can take some time (6-8 weeks) to respond to treatment
  – It may be necessary to continue treatment to keep your skin clear long term
  – There are many different treatments depending on the type of acne
    • Benzoyl peroxide, topical antibiotics, oral antibiotics
    • Retinoids
    • Hormonal agents
Melasma

- Dark patches on sun-exposed areas of skin
- Common in premenopausal women of color
- Family history of melasma
- Brown patches can occur on the forehead, cheeks, upper lip, and nose
- Underlying causes: genetics, hormones, and sunlight
- Shade of brown is in part determined by the depth of pigment in the skin
Melasma

- Treatment options for melasma
  - Unfortunately, there is no cure for melasma
  - Melasma is hard to treat for many reasons:
    - Color can darken with sun exposure
    - Topical medicines do not work well if pigment is deeper in the skin
  - Daily use of sunscreen
  - Topical lightening agents (e.g. hydroquinone)
  - Chemical peels and laser
HAIR DISORDERS IN ETHNIC SKIN
Pseudofolliculitis Barbae (‘razor bumps’)

• Pseudofolliculitis barbae (PFB)
  – Primarily affects men
  – Chronic inflammatory disorder of the beard area
  – Rash caused by reaction to ingrown hairs
  – When curly hairs are shaved, they can curl back around and the sharp tip can poke the skin
  – This causes inflammation that results in bumps
Pseudofolliculitis Barbae (‘razor bumps’)

- Pseudofolliculitis barbae (PFB)
  - Small red or dark brown bumps around hair follicles in the beard area
  - Bumps cause discoloration and dark marks (post-inflammatory hyperpigmentation)
  - Bumps can cause scarring including thick scars such as keloids
Pseudofolliculitis Barbae (‘razor bumps’)

• Treatment
  – Stop shaving or plucking hairs (not possible for many people)
  – Electric clippers set to 0.5 to 1mm in length to trim beard
  – Chemical hair removal products (can cause irritation)
  – Modify shaving habits
  – Prescription topical medications to reduce inflammation
  – Laser-hair removal and/or prescription cream to decrease hair growth
Pseudofolliculitis Barbae (‘razor bumps’)

• Good shaving habits (preshave regimen)
  – Longer facial hairs should be trimmed to about 1–2 mm with an electric clipper or trimmer
  – Wash face with warm water and a mild cleanser
  – Warm damp towel should be applied to the face for several minutes
  – Entrapped or ingrown hairs should be gently dislodged with a bristle brush or coarse washcloth
  – Shaving cream or gel should be applied liberally
Pseudofolliculitis Barbae (‘razor bumps’)

• Good shaving habits
  – Use sharp razors
  – Shave in the direction of hair growth (‘with the grain’)
  – Do not pull skin taut while shaving
  – Shave areas in one pass with soft strokes
Acne Keloidalis Nuchae

- Acne keloidalis nuchae (AKN)
  - Chronic condition lasting many years
  - Occurs mostly in Black young men
  - Present as itchy bumps on the back of the neck
  - Mechanical irritation may worsen disease
  - Bumps develop keloid-like scars and patches of hair loss
Acne Keloidalis Nuchae

• Treatment
  – Unfortunately there is no way to prevent or cure this condition
  – Goal is to prevent and minimize disease progression/worsening
    • Avoid mechanical irritation (e.g. shirt collars, hats, and scratching/picking/rubbing)
    • Avoid short haircuts and trauma from razors/electric hair clippers
    • Recommend topical antimicrobial cleansers
    • Topical or injectable steroids, other prescription creams and oral medications
    • Large keloidal plaques may need surgery
Seborrheic dermatitis

- Seborrheic dermatitis ‘dandruff’
  - Chronic inflammatory condition
  - Occurs on the scalp, face, & chest
  - Can affect infants (cradle cap), children and adults
  - Itchy, dry, flaky
  - Exact cause is unknown
    - Sebum from sebaceous glands (potent attractant of dirt, dust and other pollutants)
    - Malassezia yeast on skin
    - Genetic susceptibility
    - Build up of hair products on the scalp can cause irritation
    - Oils on the scalp can mask the scaling and result in more irritation
Seborrheic dermatitis

• Treatment
  – Cleanse hair at least every 1 to 2 weeks
  – Anti-dandruff shampoos
    • Less drying options include ciclopirox shampoos or over-the-counter sulfate-free shampoos with salicylic acid, sulfur, and zinc pyrithione
    • Use only on the scalp and rinse out completely
    • Follow with regular moisturizing shampoo and conditioner to hair
    • Pre-shampoo oil treatment and leave in conditioner can minimize dryness
  – Use emollients/oils on the hair shaft only
  – Prescription oil-based topical steroids
Traction alopecia

• Caused by repeated pulling on the hair from hairstyling or hair care
  – Individual braids, cornrows, extensions/weaves, locks, high ponytails
• Presentation
  – Raised bumps around hair
  – Hair thinning in areas of tension (commonly frontal hairline)
• When identified early, the styling can be modified and hair will regrow
• However, over time, traction alopecia can lead to scarring and become irreversible
Traction alopecia

• Management
  – Avoid styles that put tension/traction on the hair
  – Make sure braids and cornrows are not too tight
    • If it hurts while your hair is being styled, ask the stylist to stop and redo
  – Avoid excessive volume or weight of hair extensions/weaves
    • Wear light-weight, shoulder length extensions/weaves
  – Rotate the pattern of braided and twisted hairstyles
  – Use ‘no damage’ hair hosiery instead of rubber bands or elastic holders
  – Avoid sleeping in rollers; opt instead to wrap or pin curl the hair at night
  – Wear weave/extensions for 2-3 months at most
  – Remove and replace braids every 4-6 weeks
  – Use a well-trained professional
Hair fragility

• Afro-ethnic hair
  – Easily forms knots
  – More likely to break
  – Develops frayed tips
  – Lower water content
  – Lower amounts of sebum (natural protective oils)
Hair fragility

• Acquired trichorrhexis nodosa
  – Response of the hair shaft to extrinsic or environmental insults
    • Heat – dryness, bubble formation, weak points, split ends
    • Chemical relaxers – loss of tensile strength or hair shaft, increased hair fragility
    • Styling products – reduced tensile strength, increased fragility
  – Results in hair breakage or lack of growth
Hair fragility

• Because hair is non-living tissue, total repair of the hair shaft is not possible
• Treatment involves protecting the hair shaft and minimizing further damage
• Minimizing damage:
  – Avoid styles that put tension/traction on the hair
  – Minimize heat damage to the hair
    • Heat protecting product before styling, low heat setting, ceramic combs or irons, treat hair no more than 1-2 times/week
  – Minimize chemical relaxer damage to the hair
    • Only apply to new growth, non-lye base relaxers, mild relaxer, space out application to every 6-12 weeks
  – Minimize damage from styling products
    • Minimize combing and grooming once styling product is in place, wash out products regularly, avoid hairstyles needing these products
• Obtain regular trims (every 8-12 weeks)
• Use well trained professionals
Healthy Hair Regimen

• Shampooing
  – Proper and regular cleansing is necessary to maintain healthy hair and scalp
  – Hair should be cleansed 1–4 times per month depending on hair type
  – Avoid drying shampoos as this can lead to increased fragility and breakage
  – Use shampoos that contain nonionic surfactants
  – Consider co-washing (however still need to shampoo once monthly)
  – Shampoo should be focused mostly on the scalp
  – Preshampoo oil treatments can prevent damage from surfactants
Healthy Hair Regimen

• Pre shampoo treatments
  – Applying oil to the hair prior to shampooing can protect the hair
  – Repeated swelling of the hair with water and drying causes damage
  – Some oils (e.g. coconut oil) when applied to wet hair can decrease moisture and protein loss
  – Regular prewash application of oils is recommended for those with dry or damaged hair
Healthy Hair Regimen

• Conditioning is the most important component of a healthy hair care regimen
• Formulated to mimic the action of sebum
• Types of conditioners
  – Rinse-out conditioners
  – Deep conditioners ‘masks/masques’
  – Leave-in conditioners
  – Protein-containing conditioners and protein treatments
Healthy Hair Regimen

• Post-wash ‘Soak and smear’ treatments
  – 1. Shampoo and/or condition the hair as normal
  – 2. Lightly blot the hair with a towel
  – 3. Apply a water-based leave-in conditioner to the hair
  – 4. Immediately apply a hair oil (e.g. coconut oil, olive oil, jojoba oil, etc)
  – 5. Allow the hair to air dry and style as desired
Exercise and hair care

• African-American women are **least likely** to meet recommended physical activity guidelines
• ~40% report avoiding exercise due to hair style
• Consider selecting hair styles to accommodate exercise:
  – Ponytail, cornrows, braids or natural hairstyles
  – Scarf or hair wrap
COSMETIC DERMATOLOGY IN ETHNIC SKIN
Dermatosis Papulosa Nigra

- Dermatosis papulosa nigra (DPN)
  - Benign skin growth
  - Multiple, brown to black, small, firm bumps
  - Commonly affect the face (cheeks, forehead) and neck
  - Common cosmetic concern in skin of color
  - Treatment with hyfrecation of low settings
  - After treatment area is red and swollen
  - DPN’s will fall off within 3-7 days after treatment
  - Risks: scarring and post inflammatory changes
Laser Hair Removal

• Laser assisted hair removal
  – Lasers can be used to remove unwanted hair
  – Laser targets the pigment in the hair follicle
    • Does not work on white or light hairs
  – Long-pulsed Nd:Yag (neodymium-doped yttrium aluminium garnet) laser can be safely used in darker skin types
  – This generates heat and destruction of the hair follicle
Laser Hair Removal

• Laser assisted hair removal
  – Treatments are performed every 4-6 weeks
  – Multiple treatments are needed (varies from person to person)
  – Excellent hair management program and leads to hair reduction
  – Not permanent and requires ‘touch-ups’
  – Side effects: Minor pain with procedure, pigmentary changes, scarring (uncommon)
Laser Hair Removal

- Laser assisted hair removal
  - Before treatment:
    - Do not pluck, wax, or use electrolysis within six weeks of treatment
    - Do not use creams, sunscreen, or make-up on the day of treatment
    - Do not bleach hair
    - Can gently shave the day before treatment
  - After treatment:
    - Ice is used after treatment to cool the area
    - Hair is thin and lighter in treated sites
    - Treated hair will fall out in about two weeks
Other cosmetic concerns

- Chemical peels
- Botox
- Acne scarring