

2 FOOT- 1 HAND SYNDROME

2 foot - 1 hand syndrome is a superficial infection of the skin caused by the common athlete's foot fungus. It is quite common for people to have a minor amount of an athlete's foot condition. This would appear as slight scaling and/or itching between the toes. In addition, patients may have thickened toenails as part of the athlete's foot condition. Again the problem on the feet is very common and often patients are not even aware of it.

In some patients, however, the athlete's foot fungus can spread to another area of the body. For some strange and unknown reason, it seems to affect only one hand. That is why the condition is called 2 foot - 1 hand syndrome. It is not clear why the problem develops in only one hand or why the right or left is involved in some patients. Fortunately there is very effective treatment to control this minor skin problem.

If the problem with the superficial fungus infection is confined to the skin, then a short course of treatment with an oral antibiotic is all that is required. This antibiotic is very safe and normally clears the skin up fairly rapidly. It is often used with a topical cream to speed the healing process.

If, however, the fingernails of the affected hand are also involved then a more prolonged course of the antibiotic will be necessary.

Normally it takes six to nine months to grow a fingernail from beginning to end. It is therefore necessary to take the antibiotic pill for many months until the fingernails regrow normally. The antibiotic pill used for this problem is extremely safe even when taken for long periods of time. It is very important to take the pills regularly so that the condition will continue to slowly improve. It is also necessary to apply a cream to the hand in the area around the nails to aid in the healing of the condition.

Although 2 foot - 1 hand syndrome may sound unusual, it is truly a minor skin problem for which very effective treatment is available. If you have any other questions about this condition, please ask me before you leave the office.

5-FLUOROURACIL 5% CREAM INSTRUCTIONS

5-fluorouracil 5% cream is a topical medication for the treatment of actinic keratoses. Actinic keratoses are the dry, red scaly spots on the skin caused by sun damage. They often appear as rough or uneven texture on the face. These spots are not skin cancer, but in rare cases, may turn into cancer years later. Treatment of these spots requires removal of the defective skin cells.

As you probably have experienced, there are various ways to remove actinic keratoses, including freezing with liquid nitrogen and removal of the skin surface with s-craping procedures. In addition, there are creams and gels to treat actinic keratoses.

5-fluorouracil 5% cream is a topical cream used to treat actinic keratoses. It works by interfering with the growth of abnormal fast-growing skin cells, such as actinic keratoses. These cells peel off and are replaced by healthy ones.

INSTRUCTIONS:

5-fluorouracil 5% cream only needs to be used two weeks per month. A thin layer should be applied once a day at bedtime for two weeks. Avoid contact with your eyes, nostrils, and mouth. Wash your hands after applying 5-fluorouracil 5% cream on your skin. A moisturizer or sunscreen with a minimum SPF 30 should be applied each morning.

After two weeks of applying 5-fluorouracil 5% cream, stop using it for two weeks (or for the rest of the month). The cycle then repeats the following month for two weeks. Continue the cycle until the spots reduce. In some cases it may take only 1-2 cycles for the lesions to resolve. For some patients it is necessary to use the 5-fluorouracil 5% cream for 6-12 months (cycles) to obtain the best results.

SIDE EFFECTS:

When using 5-fluorouracil 5% cream, you may have mild irritation, such as redness, dryness, swelling, or a mild burning sensation. This usually resolves within 2 weeks. The more actinic keratoses you have, the more redness and inflammation you can expect during treatment. There are no reported food or drug interactions with 5-fluorouracil 5% cream. Serious side effects do not occur. Eye irritation has been reported in some cases. If this occurs, please let me know. Do not use 5-fluorouracil 5% cream on infected or open wounds. If you treat individual lesions with the medication then the irritation would only occur in the area where the medication is applied.

5-fluorouracil 5% cream offers an easy way to treat sun damage and actinic keratosis, smoothing out your skin and preventing surgical treatment in the future. If you have any trouble using this cream, please call the office. If you have any other questions about this information, please do not hesitate to ask me before you leave the office.

ACCESSORY NIPPLE

Accessory nipples are relatively common, and consist of nipples and/or related tissue in addition to the two nipples normally appearing on the chest. Medical terms for accessory nipples include “polythelia” or “supernumerary nipple”. Accessory nipples are generally located somewhere along a line from a point slightly beyond the armpit on the arms, down the chest and the abdomen, to the inner sides of the thighs.

Accessory nipples are typically smaller than the normally placed nipples, are often not well formed, and are usually mistaken for moles or other benign growths. Although it is possible to have multiple accessory nipples, most people have only one, and most are found on the chest or abdomen, somewhere below the normal breast.

Most commonly, a person will have only an extra nipple, without any other breast structures. If they appear complete with breast tissue and ducts they are referred to as polymastia, and may go through changes during puberty or pregnancy like any regular nipple or breast.

Accessory nipples are benign and require no treatment. Surgical removal is an option for cosmetic reasons. In general these harmless lesions are best left alone.



ACNE KELOIDALIS NUCHAE

Acne keloidalis nuchae is a common skin problem, which occurs on the neck and scalp. Unfortunately it has this large confusing name but it is a well-recognized condition. If you would tell any dermatologist that you had acne keloidalis he would know exactly what you are talking about.

The name of the condition is a descriptive term. Acne refers to the fact that the bumps tend to be like small pimples. Keloidalis refers to the fact that the pimple like bumps tend to form these scar type or keloid areas. Nuchae is an anatomical term referring to the neck where the problem occurs.

Acne keloidalis tends to occur in young men in their twenties and thirties. Patients who have acne keloidalis often have trouble with ingrowing hairs in the beard area. If the problem is longstanding, the pimple like scars around the scalp hair roots can lead to a thinning of the hair. In some cases this may not be entirely reversible.

Acne keloidalis nuchae usually occurs on the back of the neck and the lower scalp. Often it is preceded by small pus pimples or pimple like inflamed areas. These develop around the hair roots. If the condition persists, the pimples can form scar like or keloid like areas.

Unfortunately the exact cause of this condition is not known. Normally there is treatment which helps significantly in controlling it but technically there is no cure for it.

One of the most effective treatments for acne keloidalis is the injection of a material directly into the bumps. This decreases the swelling and the chance for scarring. In addition, lotion or cream medication can be rubbed into the area, which also helps. The treatment that I will prescribe will be individualized to your case.

Although this problem tends to be persistent, it often can be controlled quite well. Please do not hesitate to ask me any other questions about this problem before you leave the office.

ACNE

Acne is the term for the pimples and complexion problems that develop in many teenagers and young adults. Pimples occur mainly on the face but can involve the neck, chest, back and upper arms. Acne is only a skin problem and does not affect your general health.

There is no one single cause of acne. There are many factors involved. The first is heredity that is the tendency of other family members to have acne. The second is hormonal stimulation. That is why acne usually occurs at puberty when the hormones stimulate the oil glands. In addition many women notice a fluctuation of their acne with their menstrual cycle and this is also hormonally related. Thirdly the oil glands on the skin have a tendency to become plugged from the inside. The reason that this tendency occurs in some patients is not clear. Fourth, the normal bacteria on the skin surface can break down the oil component of the glands. This leads to more redness and swelling.

At puberty the oil glands in the skin start producing a material called sebum. Sebum is discharged onto the skin's surface. The oil glands may become plugged with sebum and form blackheads and whiteheads. These are not caused by dirt since the plug forms from the inside. Sometimes the wall of the plugged oil gland breaks and spills the sebum within the skin. The sebum irritates the skin tissues and causes redness, swelling and pus, in other words, a pimple ("zit").

In mild acne only a few clogged pores and glands break open, while in severe acne many do. How easily oil glands do this seems to be built into your system. This is supported by the tendency of acne to run in families. It is impossible to completely prevent acne since there is no way of changing your oil glands. Many medications can help with prevention, however.

Acne usually begins in the teenage years but in some cases can develop later. How long you will have acne is impossible to predict. It is not unusual for acne to persist into or start in the 20's or 30's especially in women. In addition many women notice a fluctuation of their acne with their menstrual cycle.

Dirt does not cause acne despite what you may have been told. You cannot scrub acne away. Wash your face with ordinary soap and water as much as you need to keep it clean. Too much washing and scrubbing can cause skin irritation. Try not to pick or squeeze your pimples as it can leave scars. You may safely cover your acne with makeup or foundation.

In general foods do not cause acne. Many people try all sorts of diets and are frustrated because they do not help. In rare instances certain foods can make an individual's acne worse. If you feel that a specific food is a problem for you it would be best avoided.

Acne is not caused by nerves or worry, but may become worse under stress such as examinations or pressure at work. These are usually mild temporary flare ups. Some people react to stress by picking, squeezing, rubbing their pimples and this can make their acne worse.

TREATMENT

Fortunately there is very effective treatment for acne today. Your treatment will be individualized based on your exact situation. In many cases however it can take months or years for the treatment to be completely effective.

As I noted above acne has two parts. There are the larger red pimples (“zits”) and the clogged pores (blackheads and whiteheads). Therefore there are often two parts of treatment.

Treatment for the clogged pores basically involves various types of topical medication. These include Differin, Retin-A, Tazorac, benzoyl peroxide and salicylic acid.

There are also many effective treatments for the pimple component of acne. This may involve topical medication such as benzoyl peroxide or topical antibiotics. In addition oral antibiotics are often used. Doxycycline and Minocycline are among the oral antibiotics used in treating acne. There are many other oral antibiotic agents available as well. These medications work by stopping the growth of a bacteria which causes excess irritation of the sebum or oil which breaks under the surface of the skin. Antibiotics usually work slowly so it may take up to a month or two before you notice any change. If you have only taken the pills for a week or two and do not notice any improvement do not be discouraged since it can take longer.

In many cases two different topical medications are used to treat acne. In most cases this is best done by alternating the medicines at night or by using one in the morning and one at night. In most cases these medications dry quickly and do not leave a film. It is fine to use makeup or cosmetic products over your acne treatment in the morning. The topical medications are best applied to all the areas since they do have a preventative effect as well.

Although acne is temporary occasionally it can leave permanent scarring. One of the major goals of acne treatment is to prevent scarring from developing. The larger a pimple is and the longer it lasts the greater a chance for a scar to develop. Scars can take the form of pick marks or shallow dents in the skin. Often times I recommend a treatment in the office which involves an injection of material directly into the inflamed pimple to decrease the swelling immediately. This reduces the chance of a scar developing in the area. If your complexion problem is beginning to produce scars I will try to point this out to you because it is important to treat the condition aggressively to prevent further scars from developing.

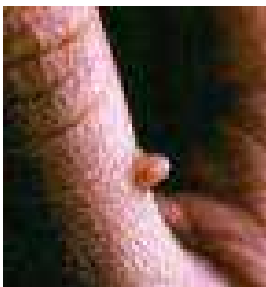
Acquired Digital Fibrokeratoma

An acquired digital fibrokeratoma is a benign growth in the skin. It usually occurs on the fingers, but can also be found on the palms, soles, wrist, toes, calf, or knee. Most people have one, but some people have more than one. The cause is unknown although it is possible that trauma may play a role.

Acquired digital fibrokeratomas are dome shaped and skin colored. They can have either a smooth or a rough surface. They are often mistaken for warts since they look similar. They are not warts. They are not contagious.

They usually cause no discomfort. It is not necessary to remove them since they usually do not enlarge and never turn into cancer. They can be removed surgically if they become annoying. Surgically removing these growths is curative although there is always a slight possibility an individual growth may return.

If you have any other questions about this type of growth, please ask me before you leave the office.



ACTINIC KERATOSES

What causes actinic keratoses?

Repeated, prolonged sun exposure causes skin damage, especially in fair-skinned persons. Sun-damaged skin becomes dry and wrinkled and may form rough, scaly spots called actinic keratoses. These rough spots remain on the skin even though the crust or scale on top is picked off. Treatment of an actinic keratosis requires removal of the defective skin cells. New skin then forms from the deeper skin cells, which have escaped sun damage.

Why treat actinic keratoses?

Actinic keratoses are *not skin* cancers. Because they may sometimes turn cancerous many years later, they are called "pre-cancerous". They should be treated for this reason.

Treatment

Actinic keratoses can be removed surgically with a scraping instrument called a curette. Another way of destroying actinic keratoses is to freeze them with liquid nitrogen. Freezing causes scabbing and shedding of the sun-damaged skin. Sometimes I am not sure whether the growth is harmless. When this occurs, I prefer to remove the growth and send it for microscopic analysis (biopsy). Healing after removal usually takes two weeks, depending on the size and location of the keratosis. Hands and legs heal more slowly than the face. The skin's final appearance is usually excellent.

Another way to treat actinic keratoses is with various topical agents. These are applied directly to the skin. Sometimes the medications are applied to individual keratoses; sometimes the medication is applied to the whole area to treat any keratosis that may be present. There are various topical agents which are available. If this would be an option in your case, I will provide a separate sheet which discusses this treatment.

Prevention

Sun damage is permanent. Once sun damage has progressed to the point where actinic keratoses develop, new keratoses may appear even without further skin exposure. You should avoid excessive sun exposure. Do not go overboard and deprive yourself of the pleasure of being outdoors. Reasonable sun protection should be your aim such as the use of proper clothing and sunscreens.

ACZONE GEL

Aczone gel is a topical medication used for the treatment of acne and various other skin conditions. Aczone is the topical form of an oral medication called dapsone. Dapsone was very effective in the treatment of acne, but it was more difficult to use because of the need to monitor laboratory tests. Topical Aczone gel does not have any internal side effects because the medication is not taken orally.

Acne is generally a combination of two problems, comedones (whiteheads and blackheads) and inflammation, redness, and irritation. Aczone is a medication which can work on both, but has an excellent benefit against the pimple-like lesions that are present.

Aczone can be used in patients who are either new to acne treatment or are not satisfied with the current treatment of their acne. It can be used in people with a few whiteheads and blackheads (mild acne) or people with a lot of zits and bumps (moderate-to-severe acne).

Aczone is easy to use and only needs to be applied once per day. Most patients do not experience any side effects. As you many know, many topical acne medications can be drying. Aczone is normally less drying than these medications and is very well tolerated overall. Potential side effects include slight redness, dryness, stinging, and burning. Even if these problems would develop, they tend to be mild and the irritation usually goes away by itself.

In order to avoid any potential dryness, I usually recommend patients start the Aczone gel every other day for a period of one to two weeks and then increase it to once per day. In some cases, it is used every night, in other cases it is used every other night alternating with a different acne medicine. Many people see noticeable improvement in their skin in a short time, but it may take a few weeks. Please continue with the treatment since Aczone gel can eliminate the current lesions and can prevent new outbreaks.

Aczone gel can help many patients with acne. It seems to be very effective in women who have acne, particularly on the lower parts of the cheeks, jawline, and neck.

In summary, Aczone is a medication for acne that is very effective. The active ingredient is not found in any other acne medications, so it is a unique product. Please follow my directions in using this medication since every patient's problem is different and the treatment will be individualized to your case.

If you have any other questions about this medication, please ask before you leave the office.

ADALIMUMAB (HUMIRA)

Adalimumab (Humira) is a promising new treatment for psoriasis and psoriatic arthritis. Humira is approved by the FDA for the treatment of psoriasis, rheumatoid arthritis, psoriatic arthritis and inflammatory bowel disease.

Humira is one of the new class of drugs called biologics. These drugs are engineered from proteins produced by living cells. The newest research focuses on psoriasis and psoriatic arthritis being caused by an overactive immune system. This medication specifically targets a substance called tumor necrosis factor which is responsible for producing much of the inflammation, redness and scaling of psoriasis.

In the past psoriasis was treated with either local treatment such as creams or ointments or whole body treatment such as phototherapy or oral medications. In many cases, these treatments can be effective, but in other cases were not successful.

Humira is a medication that is self injected once every two weeks. This administration is quite easy to perform and we will instruct you on the proper way to do this. All of the materials for injection are supplied with the prescription.

Before the treatment is started, a PPD test needs to be performed on the skin of your arm. This is a test which detects prior exposure to tuberculosis. If this test has not been done already, it can be easily performed in our office.

Side effects with this medication are usually rare. The most frequent side effect is slight tenderness at the site where the medication is injected. This usually goes away in spite of continuing the treatment. If these areas are bothersome, then Tylenol (acetaminophen) or Motrin (ibuprofen) would be helpful. As with any medication, there are potential allergic reactions. Because Humira works on areas of the immune system, there are theoretical risks for increased infections and lymphoma. This requires you to be aware of your general health and report any problems such as a lingering cold or fever. There have been case reports of this class of drugs worsening symptoms of multiple sclerosis and congestive heart failure and therefore should not be used in presence of those conditions.

Humira is a medication which is potentially a great advance over the previous treatments for psoriasis and psoriatic arthritis. It seems to work better than the conventional treatments with fewer side effects. If you have any further questions regarding this medication, please ask me before you leave the office.

ADAPALENE (DIFFERIN)

Adapalene (Differin) is a new and exciting treatment for acne and other types of skin conditions. It is a topically applied medication that is normally used at night. Most patients who use this medication do not have any side effects.

Differin is a medication, which works by unclogging the pores from underneath the skin. In many ways it works in a similar fashion to Retin A but normally does not have the associated Retin A side effects.

Usually a thin layer of Differin is applied at night or every other night. It can be applied immediately after washing your face. Try not to get the medication close to your eyes or lips.

Most people who use Differin do not have any side effects. As with any topically applied medication there is a slight chance of some minor irritation or dryness developing on the skin. If this would occur, it is all right to temporarily discontinue the Differin and use a moisturizer for the dryness. In most cases skipping the medication a day or two and then restarting it will solve the problem.

Differin does not cause any increase in sun sensitivity. If you are fair skinned however, it is always a good idea to apply a sunscreen that does not clog your pores during the summertime or if you are on vacation.

Differin comes in a cream and a gel form and in two different strengths. I will determine the best product for you based on your problem and skin type.

Again Differin is a topical medication which works quite well on many skin conditions. If you have any other questions about this treatment, please ask me before you leave the office.

ADULT FEMALE ACNE

Complexion problems in young adult woman are very common. The tendency to develop minor outbreaks does not seem to be related to teenage acne. Many adult woman with acne had mild or no problems as a teenager.

No one is quite sure why there is a tendency for adult women to develop complexion problems. At present most doctors feel this is related to hormonal changes. This is not to say that your hormones are abnormal but normal hormonal fluctuation can cause outbreaks. This is why some women notice that their problem fluctuates with their menstrual cycle. Also hormonal treatments such as birth control pills may help or worsen the problem.

In spite of not knowing the exact cause of adult female acne, there is very effective treatment. The treatment for your specific problem will be based on the exact type of acne you have as well as the type of skin you have.

In general acne is caused by oil glands of the skin breaking open. Oil glands may become plugged from the inside to form blackheads and whiteheads. Blackheads are not caused by dirt since the plug forms from the inside. Dirt does not cause acne. It is not possible to wash your acne away.

It is important to realize that in general food does not cause acne. There are a small percentage of people who feel that certain foods make their problem worse. If this is the case with your complexion, it would be important to avoid any such food which worsens it.

Acne is also not caused by nerves and stress, but may become worse temporarily during times of stress such as examinations or pressure at work. These are usually mild temporary flare ups. Some persons react to stress by picking, squeezing or rubbing their pimples and this can make your complexion problem worse.

Acne of any type has two different parts. There are the large red pimples ("zits") and the clogged pores blackheads and whiteheads. Therefore there are often two parts of treatment. Antibiotics work for the pimple component and topical creams combat the clogged pores. The exact type of antibiotic you will use will be based on your skin and the type of acne you have. Also the type of clog pore medicine will be determined in the same way.

It is important to remember acne treatment not only helps the current outbreak you have but also prevents new outbreaks. Apply the creams to all areas regularly even if your skin is doing well.

Although acne is temporary occasionally it can leave permanent scarring. One of the major goals of acne treatment is to prevent scarring from developing. The larger a pimple is and the longer it lasts, the greater the chance for a scar to develop. Scars can take the form of pit marks or shallow dents in the skin. Often times I recommend treatment in the office which involves an injection of material directly into the pimple to decrease the swelling immediately. This reduces the chance of a scar developing in the area. If your acne is producing permanent marks, it is important to get it under control as soon as possible to prevent further scarring.

Although adult female acne can be a frustrating problem, it is important to realize that there is very effective treatment for it. Sometimes the treatment may take a few weeks or months to completely be effective but it does help in the vast majority of cases.

If you have any other questions about your problem, please ask me before you leave the office.

ALEDRONATE (FOSAMAX)

Alendronate (Fosamax) is a medicine used to treat thinning of the bones. The medical term for this condition is osteoporosis. Fosamax is an important medicine because it can actually reverse bone loss. Its major benefit is that it can actually reverse the thinning of the bones and prevent fractures.

Fosamax is a unique medicine in that it is normally taken in a single dosage one time per week. The dosage is either 35 mg or 70 mg as a single dose depending on your individual situation.

The proper way to take Fosamax is also unique. It should be taken the first thing in the morning on an empty stomach before breakfast. You should take Fosamax with a full glass of water at least thirty minutes before your first food, drink or medicine of the day. Do not lie down for these thirty minutes after taking this medicine. This prevents any irritation to your stomach or esophagus. Swallow the tablet whole. Do not chew, break or crush it.

Most people who take Fosamax one time per week do not have any side effects. As with any medication there is always the chance for stomach upset or heartburn. That is why it is important that you take the medication in the proper fashion.

This medication should not be taken if you have a history of peptic ulcer disease or an abnormal esophagus (swallowing tube). As with any medicine, there are unusual side effects which are not common. If you have any problems taking the medication, please let me know.

Because people take Fosamax for thinning of the bones it is important to take vitamin D and calcium supplements. It is also important to perform weight-bearing exercise on a regular basis. This can be done with the machines available at most gyms. If you need any guidelines or assistance, you can ask me or your regular medical doctor.

When you take Fosamax it is important to have a follow up bone density test. This can be arranged in my office or your regular medical doctor's office. It normally is performed at least six months to a year after beginning treatment.

Fosamax is an important medicine since it can actually reverse bone thinning and prevent fractures. It is important to take the medication in the proper way as outlined above. If you have any questions regarding this medication, please do not hesitate to ask me before you leave the office.

ALOPECIA AREATA

What causes alopecia areata?

In alopecia areata a round patch of hair loss on the scalp appears suddenly. Since the patch is usually quite small, it may be present for months before it is discovered by a barber or hairdresser. The hair-growing tissue stops making hair, and then the hair falls out from the roots. Why this happens is a mystery. It is not related to any internal problem or illness. Alopecia areata is not contagious, not caused by foods, or not the result of any medication. At times stress can cause the problem. It sometimes runs in families.

Alopecia areata has three stages. First, there is sudden hair loss. Then the patches of hair loss may enlarge. Last, new hair grows back. This entire cycle may take many months or sometimes more than a year. People with alopecia areata do not go bald except in very rare circumstances.

Treatment

In alopecia areata the hair grows back in nearly all cases, however, this may be slow. Sometimes the new hair is temporarily gray or white, but after a while the original color usually returns. The natural regrowth of hair can often be speeded up by injecting a cortisone medicine into the areas of hair loss. The cortisone is injected into the skin. It acts only in the area where it has been injected. Unfortunately, there is no way of preventing new areas of hair loss if they would happen to develop. However, if new areas of hair loss do appear, then the regrowth may be helped by injecting the cortisone medication.

It is important not to worry about this condition since it is usually a temporary problem and the small patch of hair will eventually return. Since it is only a skin problem, there is no need to worry about this condition relating to your general health. If you have any other questions about this condition, please do not hesitate to ask me.

ANGIOMAS

What causes angiomas?

Angiomas are harmless, common skin growths that first appear during adult life. They are small red overgrowths of normal blood vessels. As time goes by, more growths appear. Some persons have a very large number of them. Angiomas appear on both covered and uncovered parts of the body. They are not caused by sunlight. The tendency to develop angiomas is inherited.

Angiomas are harmless and never become malignant. They begin as small, flat, red spots. Gradually they enlarge and become raised. This slow enlargement is harmless. Because of their red, raised appearance they are often referred to as cherry angiomas. If any individual growth changes rapidly, bleeds, or crusts please return to have it checked.

Treatment

Since angiomas are benign and there are usually many lesions, they are best ignored. If an individual growth is inflamed, itchy, or annoys you because it rubs against your clothes, it can be removed.

ANGULAR CHEILITIS

Angular cheilitis is a common skin problem. It appears as redness and cracks at the corners of the mouth. One or both sides of the mouth can be affected. Many people are told to assume this is a cold sore, but this is not the case as a true cold sore is a virus infection and does not occur at the corner of the mouth.

Angular cheilitis is derived from two different words. The term angular is an anatomical term denoting the corner of the mouth. The word cheilitis is a generic term referring to redness, swelling, cracking and scaling which occurs on the lip. Therefore this name described the redness and scaling at the corner of the mouth.

Angular cheilitis is a condition, which is related to the normal skin line that all of us have near the corner of the mouth. At times this line changes either with time or sun damage or significant dental work including dentures and/or orthodontics. The line at the corner of the mouth becomes slightly deeper and the saliva and/or normal germs in the mouth can get in the areas and produce the redness and swelling.

Fortunately there is treatment, which is quite effective in controlling the problem, but it is possible that the condition can return at certain times. In most cases two different topical treatments are used. The first is to control any yeast or bacteria infection, which has spread from the normal germs in the mouth. The second is to control the redness, swelling and soreness in the area. Both of the creams are used twice per day to the affected areas. It is easier to mix them in your palm and then apply to the area twice per day. As the condition improves, the creams can be used often and then finally stopped. If the condition would return then the creams can be restarted.

Angular cheilitis is not an indication of cancer or any internal medical problem. It is a minor skin irritation problem and normally can be controlled quite well with treatment. If you have any other questions regarding this condition, please don't hesitate to ask before you leave the office.

APREMILAST (OTEZLA)

Apremilast (Otezla) is an oral medicine, which is very effective in the treatment of plaque psoriasis and psoriatic arthritis. As with any medication, it is important to take it in the proper fashion. Apremilast works by inhibiting a protein in your body called phosphodiesterase. This results in a decrease in inflammation which helps reduce the redness, scaling, and joint pain of psoriasis. It can take many weeks for apremilast to have beneficial effects so be patient

Apremilast is a pill, which is taken on a twice per day basis. It may be taken with or without meals. Do not crush, chew, or split pills.

Most patients who take apremilast do not have any side effects. Otezla may cause minor intestinal symptoms including diarrhea, especially when treatment is started, occurring in roughly 15 to 20 percent of patients. These side effects usually go away in spite of continuing the treatment. Tolerability of apremilast is improved by slowly increasing the dose when treatment is initiated. The recommended dose titration schedule for adults is as follows:

- Days 1 and 2: one 10 mg pill in morning
- Days 3 and 4: one 10 mg pill in morning and one 10 mg pill in evening
- Days 5 and 6: one 10 mg pill in morning and one 20 mg pill in evening
- Days 7 and 8: one 20 mg pill in morning and 20 mg pill in evening
- Days 9 and 10: one 20 mg pill in morning and 30 mg pill in evening
- Day 11 and thereafter: one 30 mg pill in morning and one 30 mg pill in evening

Other possible side effects include a rash if you are allergic to the medication (rare), nausea, headache, depression or weight loss. Of course many patients are pleased if slight weight loss happens. You should monitor your weight while taking apremilast. It is important to report any side effects or problems that you feel may be related to the medication. You will be monitored for these side effects in the course of your treatment. Please inform me if you are breast feeding or planning to get pregnant.

If you have any other questions regarding this medication, please ask me before you leave the office.

**ATOPIC DERMATITIS
(ATOPIC ECZEMA)**

Atopic dermatitis, also called atopic eczema or just eczema, is the name given to a stubborn, itchy rash that occurs in certain persons with sensitive or irritable skin. Eczema is common in infants and young children, and may disappear before adulthood. Eczema may clear for years, only to reappear later--often on the hands or around the eyes.

The cause of atopic dermatitis is not known. It is the result of a built-in defect of the skin that tends to run in families. Other problems that may occur with atopic dermatitis are asthma allergies, hay fever and sinus problems. Eczema is not contagious and is not related to your general health. Persons with eczema have skin that is dry and easily irritated by soap, detergents, and rough clothing. Skin tests *do not* help, since eczema is *not* due to an allergy.

Since eczema patients have a build-in skin defect, no permanent cure is possible. Fortunately, there are effective ways of controlling eczema.

Cortisone compounds applied to the skin are the best medicine for controlling eczema. Cortisone salves come in many different strengths. You can think of creams that are 1 horsepower in strength versus 1000 horsepower. In general the higher strength creams should not be used on the face, armpits, groin, and rectal area. If your eczema is widespread, you will be given one cream for the face and skin folds and a different one for the other areas.

The three main principles of treatment are the use of mild soap, moisturizers, and the prescription ointments. Mild soaps include bar soaps such as Dove/Purpose/Basis/Aveeno and liquid soaps such as Moisturel/Neutrogena/Cetaphil. It is important to keep your skin moisturized daily especially after the bath or shower. The moisturizer you use is up to you, but I often can give you some samples. The prescription ointments were mentioned above. As your condition improves, it is important to try to use the prescription medication less often.

Cortisone prescriptions are applied to the skin in the form of lotions, creams, or greasy ointments. When the skin is very dry, ointments are often best. Whatever preparation you use, be sure to use only a little and massage it in well.

AZATHIOPRINE (IMURAN)

Azathioprine is an oral medication that is a safe and effective treatment for many forms of severe skin problems. It is usually used when standard therapies produce side effects or are not effective.

The original use for azathioprine was to prevent organ rejection in patients who had received an organ transplant. Our immune system produces white blood cells that protect us against both infectious disease and foreign materials. Azathioprine acts to inhibit the formation of DNA that is necessary for the function of these cells, which in turn prevents the cells from acting on the organ causing rejection. Some of the same types of cells are overactive in forms of severe skin diseases; therefore, azathioprine can be an effective treatment.

Before starting azathioprine you must be tested for a specific enzyme that is required to metabolize the therapy. Some patients may be genetically deficient in this enzyme which does not cause a problem unless you are taking this specific medication. A test for the enzyme will be done in the office prior to starting therapy and I will adjust the dose according to your levels

Azathioprine is usually well tolerated. However, like all drugs, there are potential side effects. Most patients taking azathioprine do not have any problems, but occasionally some people experience stomach upset. To prevent this you can take your medication with meals. Normally these side effects disappear with continued use of the medication. Azathioprine also has the potential to affect your blood counts and liver enzymes. That is why I will monitor your laboratory tests while on therapy. Azathioprine can rarely decrease your body's ability to fight infection. If you develop a fever or infection you should contact my office.

There are no adequate, well-controlled studies that have taken place in humans, but when given to animals in doses equivalent to human dosages azathioprine was observed to cause birth defects. Therefore, you should not take Azathioprine if you are pregnant or planning on becoming pregnant in the near future. It is best to use a form of birth control you can trust while on this medication to prevent pregnancy. Azathioprine has few drug to drug interactions so it is important to keep us informed of your medications at all times. If you are taking an ACE Inhibitor, allopurinol, or coumadin there are potential drug interactions that should be discussed before starting therapy with azathioprine.

In summary, Azathioprine is a medication that is usually well-tolerated and can be beneficial for patients who do not respond to standard treatments. If you have any other questions regarding this, please ask me before you leave the office.

BECKER'S NEVUS

A Becker's nevus is a common skin problem which is usually acquired in the teenage years. Becker's nevus is named after the doctor who first described the condition. The term nevus is a fancy medical word for a birthmark type mole. A Becker's nevus is not precancerous or cancerous. It is usually an isolated finding and not associated with any internal manifestations.

A Becker's nevus is usually found on one side of the body. It is more common in males and generally found on the upper trunk. It is usually first noticed in childhood or adolescence. It is a flat tan or darker patch on the shoulder area. It may darken with time. As the patient gets older hair may develop within the tan patch.

A Becker's nevus is basically a discolored area on the skin that is not present at birth but is acquired in life. Most people seek attention because they would like to know what it is or because of cosmetic concerns. Since it is impossible to remove these growths without scarring it is generally recommended to leave them alone. Again, this is not the type of growth which ever becomes cancerous.

You may find it interesting that Richard Gere, the actor, has a Becker's nevus that is visible in some of his movies. It is on his shoulder but usually the camera angles are such that it is hidden.

If you have any other questions about this type of growth please ask me before you leave the office

BENIGN LABIAL LENTIGO

A benign labial lentigo is a harmless growth. The term labial refers to mucosal surfaces such as the lip or genital skin. The term lentigo refers to a small dark area. The plural form of lentigo is lentigines. They are most commonly located on the central lower lip. They may also occur on the upper lip, in the genital region, and on the episiotomy scars of women who have given birth. As their name suggests, these areas are not harmful and do not transform into cancer.

Benign labial lentigines can be grey, brown, black, or blue. Individual lesions have even color. Like freckles, they represent areas of increased melanin production, and occur more frequently in people with light skin. They are completely benign and require no follow-up unless they grow or change. While no treatment is necessary for benign labial lentigines, patients who are concerned with the appearance of these lesions can have them removed using various procedures.

If you have any other questions about benign labial lentigines, please do not hesitate to ask me.



BLUE NEVUS (BLUE MOLE)

A blue nevus is a type of a benign growth that is gray-blue to bluish-black in color. It can be flat or slightly raised and is generally smooth. People usually have one of these growths but occasionally more. Although they can be found anywhere on the body, they commonly occur on the head/neck or the tops of hands or feet. They can develop at any age, but usually occur in adult life. Once the blue nevus has appeared, it generally stays for life and does not change. Like any mole, though, if it changes, it should be checked. Possible signs to look for are a change in growth, color or if there is bleeding or crusting.

Occasionally, if I am unsure of the diagnosis, I will need to perform a biopsy to determine that the growth is indeed benign.

In general, patients with a blue nevus do not have symptoms. In most cases they are best left alone. If you feel it is unsightly or is irritated by your clothing, comb, razor, it can be removed to prevent future irritation from occurring. Usually the removal would leave a small scar. In some cases removing a blue nevus requires surgical excision with stitches.

If you have any questions regarding this benign growth, please ask me before you leave the office.



BOILS (FURUNCLES)

Boils are painful swellings in the skin caused by an infection with a staph germ (bacteria). The bacteria enter the skin from the outside usually through a hair opening. Boils begin as red tender swellings. Later on the infection produces pus which may ooze out through the skin. The source of the staph bacteria is usually not known. Most boils appear "out of the blue". Sometimes boils develop after exposure to someone with boils or another skin infection. There are some patients who have recurring boils. When this occurs tests may be done to determine if there is a reason for these recurrences.

Antibiotics taken by mouth are the best treatment for boils. The specific antibiotic which you take will be determined based on the type of boil you have and any antibiotic allergies. If pus has formed, minor surgery to open the boil and drain the pus may be needed. Gentle soaking with a lukewarm washcloth held close to the skin for 10 minutes twice a day may also aid in healing if the area is quite inflamed.

A topical antibiotic ointment can be applied to the boil after the soaking two times a day. Normally I recommend polysporin ointment to be used for this purpose. A Band-Aid can then be used to cover the area especially if it would otherwise become inflamed due to rubbing from the clothing.

Fortunately boils respond rapidly to treatment and do not usually recur. If you have any other questions about this condition, please do not hesitate to ask before you leave the office.

BRITTLE NAILS

Brittle nails are a common problem. Approximately 20% of adults suffer from brittle nails at some point in their life. The nail itself may split into various layers. There may be scaling that resembles dry skin. Repeated wetting and drying of the nail makes the problem worse as the nail swells when it is wet and then contracts when it is dry. The repeated cycle of wetting to drying aggravates this brittleness. Individuals who have their hands in water frequently are at greatest risk for this problem.

Soaking the nails in water at bedtime and then applying a moisturizer that contains alpha - hydroxy acids (such as Lac - Hydrin lotion) can help lock in moisture in the nail and help the nail retain its natural resiliency. Sometimes moisturizers worn under a white cotton glove at bedtime can be useful.

Nail enamel can also help prevent water loss from the nail. When nail enamels are used they should be applied no more often than twice a week.

Biotin also can help with nail brittleness. Biotin can be obtained over the counter. The usual dosage that is helpful is 1 - 2 mg daily. Not only can Biotin help with the nail brittleness, but it may actually make the nail thicker.

Controlling humidity in your home can also help with brittle nails. A dry environment such as a school building or nursing home may not have humidity greater than 40%. Brittle nails are more problematic when humidity drops to low levels such as during the winter months. Protecting the nails with gloves can be quite helpful depending on your individual circumstances. Cotton liners or cotton gloves should be worn within the rubber gloves so as to absorb sweat and provide a more controlled environment

BULLOUS PEMPHIGOID

Bullous pemphigoid is the name for an uncommon skin condition which can produce blisters or bubbles in the skin. The word “bullous” is a medical term for these types of blisters. Bullous pemphigoid is not common, affecting approximately 1 in 25,000 people. When it occurs, it is more common in older patients, but it can happen at any age.

In bullous pemphigoid, the body sends signals called autoantibodies which disrupt the integrity of the skin. There is a membrane between the top layer and the bottom layer of the skin which these autoantibodies interfere with. This disruption causes the blisters that are seen in the skin. These blisters can occur anywhere on the body, including inside the mouth. Sometimes, the blisters can be very itchy and are surrounded by red, inflamed skin that can appear like hives. It is important to understand that the blisters or blister fluid are not contagious. This is not an infection.

Because there are many conditions that can cause blisters in the skin, it is often important to perform a skin biopsy tests and blood tests to determine the specific cause of the condition.

Although bullous pemphigoid can produce significant skin lesions, there are very effective treatments available. These treatments are individualized to each patient's condition. The initial treatment is usually oral steroids but, in many cases, other treatments are added to the steroids, depending on the specifics. These medications all interfere with the autoantibodies that produce the problem. Treatment is usually effective, but each patient may respond differently, and it is impossible to predict how long you will need treatment. In some cases, it can last many months; in other cases, it can even be a few years. Fortunately, in most cases, bullous pemphigoid does seem to go away and not return.

If you have any other questions regarding this condition or your treatment, please ask before you leave the office.

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General Dermatology

Diseases of the Skin, Hair and Nails

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CALCIPOTRIENE (DOVONEX) PATIENT INSTRUCTIONS

Calcipotriene is a new and exciting treatment for psoriasis. Calcipotriene is a topical ointment, which is applied to the affected areas of psoriasis. It is a medication, which is derived from vitamin D. It is not a cortisone or steroid medication.

In psoriasis the skin cells grow more rapidly than normal which is what produces the thickness, redness, and scaling in the affected area. When the Calcipotriene vitamin D derived ointment is applied, the growth of the psoriasis cells returns to a more normal pattern.

Calcipotriene ointment is applied to the affected areas of psoriasis two times per day. Unlike some of the cortisone creams it may take slightly longer to achieve its maximum benefit. That is, instead of the psoriasis improving in a matter of a few days or a week, it might take a few weeks to start working.

Calcipotriene ointment is a very safe treatment for psoriasis. It can cause some slight irritation in the area where the medication is applied. For the majority of patients, this irritation is mild and goes away even though the ointment is continually applied as directed. If you have excessive irritation or burning in the area, please call the office.

If normal vitamin D would be applied to the skin, then the calcium level in the blood can change. Fortunately the Calcipotriene ointment does not have the same effect because it is a different derivative. To avoid any calcium related problems, it is important to let me know if there is any history of kidney stones, hyperparathyroidism, kidney problems, or calcium abnormalities.

Calcipotriene ointments work best when combined with other therapy such as phototherapy, natural sunlight, oral medication or creams.

It is important not to use more than a total of 100 gms of ointment per week. If excess amounts are applied, then the blood level of calcium can increase.

In summary, Calcipotriene is a highly effective and safe medication for the treatment of psoriasis. It is important to apply this medication two times per day in the proper way to get its full benefit. If you have any other questions about your treatment, please ask me before you leave the office.

CANKER SORES (APHTHOUS ULCERS)

Canker sores are common. They develop suddenly on the tongue, sides of the mouth, or gums and result from destruction of the protective lining of the mouth. You can recognize a canker sore; it is raw and open with a whitish yellow base. Contact with acidic, spicy, or salty foods may be painful.

It is not known why people get canker sores. Heredity may play a part, since canker sores often run in families. Occasionally, certain foods, may trigger an attack of canker sores. Most canker sores appear without known reason. Canker sores are usually a small, occasional nuisance. Rarely, some persons tend to get large, painful sores, which may occur frequently.

Canker sores are *not* contagious and are *not* caused by bacteria or viruses ("germs").

Unfortunately, there is no cure for canker sores. Based on your individual case I will recommend the best treatment. Small sores often clear in 1 week or less and can be ignored. For a new or painful sore, I may prescribe a strong cortisone ointment. Applying it to the sore six or seven times a day may speed healing and lessen pain. The cortisone ointment must be started early to prevent enlargement of the canker sore and should be used for only a few days. Applying the cortisone ointment longer may interfere with healing.

If your sore is very large and painful, I may inject cortisone into the base of the sore to provide immediate relief from pain and speed healing. When several painful canker sores occur at one time, I may prescribe prednisone by mouth to be taken for 2 or 3 days. This treatment is safe, and the dosage of prednisone does not have to be tapered. Certain prescription mouthwashes may be effective against canker sores. At the first sign of a sore, swish 1 teaspoon of this prescription around your mouth for 4 to 5 minutes, and then spit it out. Do this four times per day. This mouthwash treatment may be continued till all your symptoms subside. There is no harm if you accidentally swallow some of the mouthwash.

Most persons get prompt relief from canker sores by applying medicines directly to the sores. For the occasional person who suffers from frequent attacks of large, painful canker sores, both medicines taken by mouth and local treatment are usually needed to provide relief.

CANTHARIDIN WART THERAPY

Cantharidin is a substance that comes from the green blister beetle. It is sometimes used to treat warts if salicylic acid or freezing with liquid nitrogen (cryotherapy) has not been useful.

Cantharidin is a vesicant, which means it causes the skin to blister. It is applied to a wart, which is then covered by a bandage or tape. You should remove the Band-Aid and wash the area with soap and water after about 6 hours. Over the next 12-24 hours, it may cause the skin to blister. This lifts the wart off of the skin, so the wart will come off when the blister dries. Often, the skin does not blister and a small crust or scab may form.

Although Cantharidin does not hurt when applied, it may cause mild tingling, itching, or burning within a few hours. It is normal to see slight red or inflamed skin around the blister, and for the blister to be filled with blood. The treated area may be tender for a few days.

The area where Cantharidin was applied should be kept clean. To keep the blister moist and prevent scab formation, Vaseline should be applied 1-2 times a day and the area covered with a Band-Aid.

If the blister becomes very intense and sore, the blister fluid can be drained. This can be done by thoroughly cleaning the area with alcohol and carefully nicking the side of the blister with a sterilized needle. The blister roof should be left intact.

If you have any questions about any unusual reaction at or around the treated site, please feel free to contact our office. Remember to wash off the area after 6 hours.

ONCE-A-DAY CARAC® INSTRUCTIONS

Once-A-Day Carac® (5-FU topical treatment) is a new medication for the treatment of actinic keratoses. Actinic keratoses are the dry, red scaly spots on the skin caused by sun damage. They often appear as rough or uneven texture on the face. These spots are not skin cancer, but in rare cases, may turn into cancer years later. Treatment of these spots requires removal of the defective skin cells.

As you probably have experienced, there are various ways to remove actinic keratosis, including freezing with liquid nitrogen and removal of the skin surface with scraping procedures. In addition, there are creams and gels to treat actinic keratosis.

Carac® Cream 0.5% is a topical 5-fluorouracil cream used to treat actinic keratosis. It works by interfering with the growth of abnormal fast-growing skin cells, such as actinic keratosis. These cells peel off and are replaced by healthy ones.

INSTRUCTIONS:

Carac® only needs to be used two weeks per month. A thin layer should be applied once a day at bedtime for two full weeks. Avoid contact with your eyes, nostrils, and mouth. Wash your hands after applying Carac® on your skin. A moisturizer or sunscreen with a minimum SPF 30 should be applied each morning.

After one week of applying Carac®, stop using it for two weeks (or till the end of the month). The cycle then repeats the following month for two weeks. Continue the cycle until the spots reduce. In some cases it may take only 1-2 cycles for the lesions to resolve. For some patients it is necessary to use the Carac® for 6-12 months (cycles) to obtain the best results.

SIDE EFFECTS:

When using Carac®, you may have mild to moderate facial irritation, such as redness, dryness, swelling, or mild burning sensation. This usually resolves within 2 weeks. The more actinic keratoses you have, the more redness and inflammation you can expect during treatment. There are no reported food or drug interactions with Carac®. Serious side effects do not occur. Eye irritation has been reported in some cases. If this occurs, please let me know. Do not use Carac® on infected or open wounds.

Carac cream offers an easy way to treat sun damage and actinic keratosis, smoothing out your skin and preventing surgical treatment in the future. If you have any trouble using this cream, please call the office. If you have any other questions about this information, please do not hesitate to ask me before you leave the office.

CETIRIZINE (ZYRTEC) THERAPY

I prescribed an antihistamine pill known as Cetirizine (Zyrtec) as part of the care for your skin problem. Cetirizine is an effective treatment for various itchy and other skin conditions. Cetirizine is a very safe treatment, but you should be aware of the proper way of taking it.

Cetirizine is a simple medication to take. The usual dose is one or two pills at night.

The major advantage of Cetirizine (Zyrtec) is that it tends to be a non-sedating antihistamine. That is Cetirizine usually does not produce drowsiness. Most other antihistamines can cause some degree of drowsiness. Even if Cetirizine would cause slight drowsiness you are taking it at night and going to bed anyway.

Most patients who take Cetirizine have no side effects. As with all medications there are potential side effects including stomach upset, allergic reactions, or a dry mouth. These are unusual with Cetirizine and occur in less than 1% of patients.

The major advantage of Cetirizine is that only one or two pills are taken at night. This one dose can control your problem throughout the entire night and the following day.

Cetirizine (Zyrtec) was a prescription medication. You can now purchase it over the counter at any drug store or pharmacy.

If you have any other questions about this treatment, please ask me before you leave the office. If you have any problems while you are taking Cetirizine, call my office immediately.

CHONDRODERMATITIS

Chondrodermatitis is a condition, which affects the ear. The first part of the word chondro is a medical term for the cartilage of the ear. The second term dermatitis refers to the redness, swelling and discomfort that are present in the area.

Chondrodermatitis is a condition, which tends to produce a small red, tender pimple like area on the surface of the ear. It is not a true growth. It is an area of inflammation and swelling in the cartilage and the skin above it. In most cases it is related to sun damage and constant irritation.

Patients often notice this bump because of the tenderness in the area when sleeping on the affected area. Fortunately effective treatment is available to control it for most patients.

In many cases of chondrodermatitis a small test is done from the skin to prove that this is the problem rather than a true growth. Often times the test itself helps the problem out significantly. If this does not help then various creams and/or treatment with liquid nitrogen will be used. The exact treatment depends on the features of your individual case.

Chondrodermatitis is not a serious condition nor is it an indication of an internal problem. It is strictly a skin condition, which can be quite troubling because of the discomfort. Fortunately we can help most cases of this condition. Please do not hesitate to ask if you have any other questions about it before you leave the office.

PARONYCHIA (CHRONIC)

Chronic paronychia refers to a skin condition, which occurs around the nails. The term chronic means that the condition can come and go over time. The word paronychia is a fancy medical term referring to the inflammation, redness and swelling that can occur around the nails.

Chronic paronychia occurs most commonly in people whose hands are in a wet environment, for example nurses, bartenders, dishwashers and hairdressers. Repeated cuts and minor trauma of the skin can damage the area around the nail and in the cuticle. This minor damage allows further irritation. There can be overgrowth of various surface germs, which slow the healing process.

Symptoms of chronic paronychia include loss of the cuticle, tenderness, redness and swelling. Often the nails can appear changed with rough surfaces or grooves.

Sometimes the area around the nail can be colonized with a normal bacteria or yeast on the skin. Because of this, one of the treatments that is often used is a medication, which has antibiotic properties against these types of organisms. In many cases, it is not an actual infection, but simply colonization on the surface of the skin, which impedes the healing.

Treatment of chronic paronychia starts by avoiding any chronic irritation or wet environments. Wearing cotton-lined gloves to wash dishes can be helpful if this is an exposure. In most cases, topical medications are used. These often involve two different creams or two different liquids. One of the products has anti-inflammatory properties, which tends to eliminate the redness, swelling and symptoms.

Because chronic paronychia can be a problem, which tends to come and go, it is helpful to use sensitive skin care to minimize small breaks in the skin. This includes using milder soaps and moisturizers. The two different topical medications should be used on the affected areas until the problem improves. In general, the frequency of use can be decreased as the condition improves. It may take many months, however, for any nail changes to reverse since the nails grow so slow.

If you have any other questions regarding chronic paronychia, please ask me before you leave the office.

COLD SORE/FEVER BLISTER

A cold sore or fever blister is a common problem. The most common area for this problem to occur is around the mouth. It can occur, however, on any body area. It is typical for a cold sore to come back in the same general area. Some patients develop a cold sore once a year; other patients develop cold sores quite frequently such as once a month. The specific treatment for your cold sore will depend on its location and how often it comes to the surface.

Technically a cold sore is a viral infection of the nerve. The virus that causes this condition is in the herpes virus family. Unless your cold sore is located in the genital area, it does not have anything to do with genital herpes or any sexually transmitted disease.

The problem with a cold sore is that there is no treatment for the virus when it is underneath the skin in the nerve. The only effective treatment is when the virus starts to come to the surface of the skin and forms the tiny blisters or red areas.

The most important aspect of treating a cold sore is to begin the treatment as soon as possible. Many patients have a cold sore phase known as a prodrome. In the prodrome, there are sensations in the skin such as burning, tingling, or itching, which indicate a cold sore will soon be coming. If the treatment can be started during this prodrome stage, it may be aborted completely or come out to a much lesser degree. If a cold sore has been present in the skin for two days or more, treatment does not really help.

In most cases, an oral medicine is used for a cold sore. Most patients begin the treatment as soon as possible for each cold sore outbreak. The specific medication will be given in your case depending on your individual problem.

Many patients feel that stress brings on their cold sore, which may be true. The only well documented external factor which can bring on a cold sore is excess sun exposure. If you have a cold sore on a sun exposed area such as the lip, it is very important to use a sunblock to prevent it from coming to the surface.

Again, a cold sore is a common problem for which there is treatment available. If you have any other questions regarding your problem, please ask before you leave the office.

CONDYLOX THERAPY

Condylox is a topical medicine that is effective in treating certain viral growths on the skin such as warts or molluscum. Condylox is a solution that is applied directly to the individual lesions. The active ingredient in Condylox interferes with the growth of the virus. Usually the lesions form crusts and fall off when the treatment is effective.

Please note that Condylox was initially approved for use to treat warts in the private area. Although it is still used for this purpose, in most cases patients are using this to treat warts or molluscum in other areas. Please do not be alarmed if the pharmacist provides information about warts in the private area (genital warts) or gives different instructions for use of the product.

Condylox is applied only to the individual lesions that are involved. Dip the back of the Q-tip into the medication and dab it on the individual affected areas. Condylox is used once in the morning and once in the evening for three days in a row, then stop applying the medication for four days. You can repeat these weekly treatment schedules for four weeks or longer.

When Condylox is applied to warts or molluscum, it is not uncommon to produce some local irritation or inflammation. Up to two-thirds of patients can develop this. A small amount of irritation is normally a good sign and shows that the medication is working. I do not want you to keep applying it if a significant amount of irritation develops. If you are scheduled to put the medication on and there has been too much irritation, it is better to skip treatment and wait until the next application.

In summary:

1. Condylox is a novel treatment for warts and molluscum.
2. Use the medicine twice a day for three consecutive days and then do not use the medicine for four days. You can repeat these cycles depending on your progress.
3. It is not uncommon for Condylox to produce irritation in the areas that is applied. Some irritation is good but if too much develops hold off on the medicine for a few days and then restart.
4. Do not be discouraged if you do not see results right away. Condylox can take many weeks to even a month or two to work effectively.

If you have any other questions regarding this, please do not hesitate to ask before you leave the office.

CONFLUENT AND RETICULATED PAPILLOMATOSIS

Confluent and reticulated papillomatosis is an uncommon disease typically affecting young patients and often occurs shortly after puberty. It is characterized by grayish blue thickened skin raised from the surface, and usually located on the chest or back. These lesions come together to form a continuous pattern in the middle and a lace like reticular pattern spreading outward. The eruption of the raised lesions is chronic and can appear better or worse at times.

The cause of this condition is unknown. It is usually not associated with any significant internal problems. Confluent and reticulated papillomatosis may represent a hormone disturbance, a disorder of skin formation, or a hereditary disorder. It is responsive to treatment but frequently recurs after discontinuation of therapy.

There is usually very effective treatment for the condition. One of the best therapies is with an oral antibiotic called minocycline. This has anti-inflammatory properties independent of its antibiotic properties. A low dose of this medication is often very helpful. There is also topical therapy which will be applied to the skin. There are many different types of topical therapy and I will determine which is best for your individual case. The response to treatment can be slow so please be patient.

Although it may seem very distressing, confluent and reticulated papillomatosis is primarily a problem because of the appearance in the skin. It is not associated with any internal problems. The treatment is usually very helpful for the condition. If you have any other questions about this problem please ask before you leave the office.

Congenital nevus (Birthmark)

A congenital nevus (plural-nevi) is a type of birthmark. Congenital means something that is present in the skin at birth. Nevus is the medical word for a mole. Congenital nevi can appear anywhere on the body. They can range in size from a few millimeters to lesions which are quite large. The color ranges from tan to dark brown and they may be flat or quite bumpy.

Usually, congenital nevi do not cause any symptoms. With time, they slowly enlarge as the body grows. It was once believed that all congenital nevi should be surgically removed because of the rare cases of individual lesions becoming cancerous. In reality this problem was primarily confined to the very large lesions. In fact, the risk of small congenital nevi developing into cancer is very small and probably similar to any other mole turning cancerous.

Now, almost all small to medium congenital nevi are left alone. They can be continued to be observed clinically for growth or changing patterns. They can also be surgically removed should they become symptomatic or begin to change.

Some patients are concerned about the visual appearance of the growths. There are ways to electively remove congenital nevi and I can discuss the options with you. The potential benefit of removal however, must be weighed against the potential for scarring that can result depending on the location and the size.

Again, congenital nevi are benign proliferations and can be considered a type of beauty mark. In most cases, they require no treatment. If you have any other questions regarding these lesions, please do not hesitate to ask before you leave the office.



CORDRAN (FLURANDRENOLIDE) TAPE

Cordran Tape is a unique medication that is very effective for many forms of localized skin diseases. It resembles a roll of Scotch tape. It is transparent and waterproof and the topical medication, flurandrenolide, is impregnated in the adhesive of the tape.

This medication is a form of a topical cortisone that has anti-inflammatory properties. It can often relieve the redness, dryness, itchiness, and scaling of various types of skin conditions. It often works where other topical medications do not work.

Cordran Tape is best applied to dry skin. Many patients apply it after a shower when the area is toweled off and dry. If there is hair in the area and the tape does not stick, it may be best to shave or clip the hair close to the skin. The tape can be replaced every 12 hours. It can also be left on for over 24 hours if it is well tolerated and adheres satisfactorily.

Most patients who use Cordran Tape do not have any problems. Occasionally, it can have local side effects, such as itching or burning. There can be occasional dryness, inflammation of the hair follicles, abnormal hair growth, or loss of skin color. Cordran Tape should not be used on open wounds.

In some areas, Cordran Tape may be difficult to stick. If necessary, you can wrap it with gauze in order to keep it in place. It can also be used wrapped around the nail bed to treat psoriasis or other conditions.

In summary, Cordran Tape is a unique medication that helps many patients with various skin problems. If you have any other questions regarding this medication, please do not hesitate to ask me before you leave the office.

CORN/CALLUS

A corn or a callus refers to a thickened area, which develops on the feet or hands. Normally these are present on the top of the little toe or on the sole on the ball of the foot. A corn or callus becomes a problem when the skin gets so thick that symptoms develop such as discomfort, pain, or swelling.

It is important to remember that a corn or callus is not a true wart. Many patients think they have a wart on the foot where the corn is present. It is possible to determine whether a growth is a wart or corn by peeling down the thick skin on the top. This is done in the office at your visit.

In many ways it is better to have a corn or callus because a wart is a virus infection and can often spread quite rapidly. A corn is not an infection and never spreads. Since the corn develops from pressure though, it is possible that the thick skin can come back over the course of time.

The treatment for a corn or callus is removing the thick skin, which is causing the pressure and pain. This can be done in the office but it is also important to be able to do this at home to avoid visits in the future. There are many over the counter products such as Duofilm, which comes in liquid or patches, and Mediplast, which also comes in a patch. When the corn or callus gets thick enough to cause problems, then these treatments can be started until the thickness goes away.

A corn or callus is usually a minor skin problem, which can be treated very effectively in the office or at home. If you have any other questions about this problem, please do not hesitate to ask me before you leave the office.

Cortisone Therapy

I have recommended that you receive treatment with a topical cortisone (steroid) medication. This is a cream, ointment, or solution which is rubbed on the skin to the affected areas. It is important that you use this treatment in the proper way to obtain the maximum benefit and to avoid any potential side effects.

As you may know, one form of a topical steroid treatment (hydrocortisone 1%) is available over the counter. The major difference is that the prescription topical cortisone products are much stronger.

It is important to use the topical medication properly. It is applied to the skin once per day for a period of approximately two weeks. This two-week period is not set in stone. At times it can be stopped sooner or continue slightly longer, depending on the response of your individual problem. After the condition has improved significantly or cleared up, the medication can then be used once or twice per week in order to maintain the improvement. The medication can then be stopped completely after a few more weeks.

Therefore, for the first two weeks the medication is applied once per day. Thereafter it is used once or twice per week. As long as the medication is used according to these guidelines, these topical cortisone treatments are very safe and effective for the treatment of many skin problems, especially when other medications did not work in the past.

In general, the prescriptions for these medications are electronically sent to your pharmacy. My recommendation is to call the pharmacy before you actually go there to make sure that the prescription has been received and can be processed accordingly. In this way, when you arrive at the pharmacy, the medication will be ready for your pick-up.

If you have any questions regarding this treatment, please do not hesitate to ask me before you leave the office.

CRYOSURGERY

The response to cryosurgery (freezing) may vary from mild redness and swelling with minimal discomfort to significant discoloration with blister formation and considerable discomfort. This varied response depends on the depth of freeze and the area treated. Initial burning sensation in the skin may last from several minutes to several hours.

Follow these instructions when caring for an area treated by cryosurgery:

MINOR RESPONSE

Keep area clean and dry for 24 hours.

Area may sting or burn for a short time after treatment.

Treated area will be red in color initially and then become brown and flaky as the area heals and the upper layer of skin sloughs.

Gently cleanse the area with Q-Tips in hydrogen peroxide. Pat dry and apply a thin film of antibiotic ointment (Polysporin). Do this at least once a day to prevent infections.

MAJOR RESPONSE

Following instructions as stated for minor response.

Area may sting and burn for several hours after treatment.

Throbbing and pain in the treatment area may be relieved by elevating the area.

Tylenol may be taken for discomfort every three to four hours.

A blister will form in the area of freezing. It may be filled with clear or, occasionally, blood. This is not unusual.

Do not break blister unless it becomes uncomfortable. You may prick the blister with a sterile needle or pin to remove fluid. Leave the skin intact.

Cleanse twice a day with hydrogen peroxide and apply antibiotic ointment to prevent infection and thick scab formation.

All treated areas usually heal within three to four weeks.

Cutaneous T-cell lymphoma (CTCL) / Parapsoriasis

CTCL is an abbreviation for cutaneous T-cell lymphoma. It is a general term for many lymphomas of the skin. Cutaneous refers to the skin. T-cell refers to the type of white blood cells that are in the skin and produce the rash. Lymphoma is a form of cancer; however, many forms of lymphoma are internal and can be very serious. Cutaneous T-cell lymphoma (CTCL) tends to remain localized to the skin.

Parapsoriasis is a term that means like psoriasis. It refers to various conditions that produce red scaling patches in the skin. Parapsoriasis and CTCL can appear identical in terms of the rash on the skin.

Cutaneous T-cell lymphoma / parapsoriasis often produce red scaling patches on the skin. These can be localized or very widespread. In many cases the problem produces significant itching, although some patients do not experience this. Many patients have had the condition for years and, at times, multiple biopsies have been performed. In some cases, special stains are done on the biopsies to determine whether this is truly a CTCL or parapsoriasis condition. At times, it can be impossible to distinguish between the two problems.

There is another term that you may have heard. This is called mycosis fungoides (MF). Mycosis fungoides is one type of cutaneous T-cell lymphoma. As with most forms of CTCL, it has a slow course and usually remains confined to the skin. At times, this condition as well as any CTCL can spread to lymph nodes and internal organs and that is why it is important to be monitored regularly.

Cutaneous T-cell lymphoma / parapsoriasis is not contagious. It is not an infection and there are no infectious agents known to cause this problem. Although there is continuing research at this time, no single factor has been proven to cause this problem. There is no supportive research to indicate that this is a genetic or hereditary disease. Studies have failed to show connections between chemical exposure, environment, pesticides, radiation, allergies and occupations.

Fortunately there are very effective treatments for cutaneous T-cell lymphoma and parapsoriasis. One of the more effective treatments is a course of outpatient phototherapy. There is a separate information sheet regarding this treatment. In addition, many different topical agents can be helpful. There are other oral agents that are often used by themselves or combined with the phototherapy. The treatment is individualized and is based on the exact type and extent of the problem that you have.

If you have any other questions, please do not hesitate to ask me before you leave the office.

CYCLOSPORIN (NEORAL)

Cyclosporin is an oral medicine, which is very effective in the treatment of psoriasis, dermatitis, and other severe skin eruptions. As with any medication, it is important to take it in the proper fashion. Although Cyclosporin does have side effects like most other medications, if monitored properly, these are usually not a problem.

Cyclosporin was originally developed as a medicine to prevent organ rejection in kidney transplant patients. Patients with psoriasis who needed to take this medicine because of a kidney transplant noticed that their psoriasis improved dramatically. Normally, organ rejection is caused by certain white blood cells known as T cells. Cyclosporin interferes with the action of T cells so that the kidney is not rejected. It also happens that many severe skin diseases are produced by the over action of the same types of T cells. That is why Cyclosporin also helps these conditions. Fortunately to control the skin problems, the dosage of Cyclosporin is much lower than what is normally used in kidney transplantation.

Cyclosporin is a pill, which is taken on a once or twice per day basis. It comes in only one strength so most patients end up taking two to four pills per day based on their body weight. It is best to take cyclosporine before meals since it is better absorbed.

Most patients who take Cyclosporin do not have any side effects. The major possible problem with Cyclosporin is slight worsening of kidney function. This would not be something that would produce symptoms. This would only be found on the basis of a blood test. This is why your blood tests are monitored. Most patients who take Cyclosporin in the dosages required for skin problems do not have any changes in their kidney function.

Other side effects would include a rash if you were allergic to the medication, increased hair growth, some soreness and swelling in the gums, and a slight increase in blood pressure especially if your blood pressure was borderline before hand. You will be monitored for these side effects in the course of your treatment.

Cyclosporin is one of the most effective treatments for various forms of skin disease. Most patients who take this medication do not have any side effects. There can be interactions between Cyclosporin and other medications, which you may or may not be taking. These can raise the levels of the Cyclosporin medication. If you are on any other medicines, please let me know so that these interactions can be checked for.

If you have any other questions regarding this medicine, please ask me before you leave the office.

CYST

A cyst is a benign growth in the skin. Cysts may occur on any area of the body. Some patients have one cyst. Some patients have many cysts. Other terms that are sometimes used to describe a cyst are sebaceous cyst or wen.

A cyst is a benign growth. A cyst is a tiny sac just underneath the surface of the skin. You can think of a cyst as a tiny pea or tiny grape in the skin. Within the cyst is a white cheesy like material.

Although cysts are benign, they are sometimes removed because they become inflamed and/or infected. If a cyst is hit the wrong way and the cheesy material leaks under the skin, the body reacts to this by producing redness and swelling around the cyst. It is not a true infection but the inflammation underneath the skin, which produces the redness and discomfort.

In most cases cysts are not treated since they are benign growths. If a cyst has become inflamed and/or infected, it can be removed to prevent this from happening in the future. If your cyst is small and inflamed, it may require a drainage procedure in the office to relieve the swelling and discomfort. Another reason to remove a cyst is because it protrudes from the skin in an area, which is quite noticeable such as the eyelid or face.

Because a cyst is similar to a grape under the skin it is necessary to remove the grape completely to remove the cyst completely. This usually requires a minor surgical procedure with stitches. This can usually be arranged on a same-day basis with one of the other physicians in our group.

Occasionally small cysts can be removed easily with an office surgical procedure. A small cut is made into the cyst and the sac is removed through this opening. No stitches are required and a Band-Aid is placed over the area. Other types of surgical procedures may be required if a cyst is relatively large or in a particular location.

Some patients are prone to develop many cysts. Why this occurs is not known. In most cases these cysts can be left alone, but if an individual area needs to be treated this can be done. If you have any other questions about this type of growth, please ask me before you leave the office.

DAPSONE PATIENT INFORMATION

Dapsone is an oral medication that is a safe and effective treatment for many different skin conditions. These diseases are all related to the excess activity of a certain type of white blood cell called a neutrophil. With these skin problems, there is an excess activation of these types of white blood cells. Dapsone works by preventing this over-activation.

The original use for Dapsone was for the treatment of leprosy in the 1940s; therefore, it is often classified as an anti-leprosy drug. It is no longer used for the treatment of leprosy but for its anti-inflammatory effects. This anti-inflammatory effect prevents the action of the overstimulated white blood cells in various conditions.

Dapsone is often a treatment option for patients when the standard treatments have not been successful or there have been side effects. Before starting Dapsone, you need to be checked for the level for a normal enzyme called glucose-6-phosphate dehydrogenase. Patients who have a deficiency of this enzyme can have an excess breakdown of red blood cells when taking Dapsone. This is the reason why a blood test is done before you start the medication. In addition, during the course of your treatment, blood counts and blood chemistries will be checked periodically.

Dapsone is a medication that is usually very well tolerated. Like all drugs, there are potential serious side effects. Most patients who take Dapsone do not have any problems but occasionally it can produce an upset stomach, diarrhea, headache, muscle cramps and skin rashes. Rarely, Dapsone can cause numbness and tingling in the hands and feet.

In almost all patients, Dapsone causes a slight decrease in the number of red blood cells, which is closely monitored. This is the reason why the dosage of Dapsone is slowly increased. You should also contact my office if you develop a fever, skin rash, yellowing of the skin or eyes or any unusual bruising when you are on this medication.

Dapsone is a sulfone-derived medication so patients with certain types of allergic reactions to sulfa-based products may not be able to take this. If you have any such problems, let me know before starting.

Dapsone does not interact with many other medications. The absorption can be decreased if you take it together with heartburn medications such as antacids, Pepcid, and Zantac. You can take Dapsone with these medications but it should be taken at least 2 hours apart.

In summary, Dapsone is a medication that often works very well for certain types of skin conditions. If you have any other questions, please ask me before you leave the office.

DERMATOFIBROMAS

What causes a dermatofibroma?

A dermatofibroma is a round, brownish to purple growth commonly found on the legs and arms. Dermatofibromas contain scar tissue and feel like hard lumps in the skin. We do not know why people grow dermatofibromas. Some may be caused by an injury to the skin such as a scratch mark or insect bite. They are harmless and never turn cancerous.

Treatment

Dermatofibromas are best ignored. Sometimes, if the diagnosis is not certain, a piece may be removed for tissue analysis (biopsy). Dermatofibromas can be removed surgically but since they are deep this usually leaves an unsightly scar. When a dermatofibroma becomes bothersome--for instance, gets in the way of leg shaving or is irritated by clothing--it can be flattened by freezing with liquid nitrogen.

Liquid nitrogen freezing destroys only the upper part of the growth. Therefore, the dermatofibroma, after some years, may again become noticeable. Usually any regrowth is slight and can be handled by another freezing. If there is any change in an individual growth such as bleeding or crusting, please return to have it checked.

DICLOXACILLIN PATIENT INFORMATION

Dicloxacillin is an antibiotic taken internally. It is very effective for treatment of various skin infections and conditions. It is a safe medicine but should be taken in the proper fashion to insure it works properly.

Dicloxacillin is a derivative of Penicillin. If you are allergic to Penicillin you should not take Dicloxacillin. Dicloxacillin does not usually produce side effects in most people who take it. As with any antibiotic a mild stomach upset, rash, or yeast infection could develop. These side effects are not common, however.

Dicloxacillin is normally taken four times a day. It is best to take the pill 1 hour before each meal and at bedtime. Therefore a pill is taken before breakfast, lunch, dinner and just before you go to bed. It is best to take on an empty stomach but can be taken with food if you forget. It is important to take the entire course of medicine since at times the problem can flare up again if it is stopped too soon.

Again Dicloxacillin is a very safe and effective medicine for the treatment of many skin conditions. If you have any problems taking the medication, please call the office. If you have any other questions about this information, please ask me before you leave the office.

DISCOID LUPUS ERYTHEMATOSUS (DLE)

Lupus is an autoimmune disease that involves your immune system fighting against parts of your own body. It is not a form of cancer. There are two main types of lupus. The first affects only your skin, which usually is a form of discoid lupus erythematosus, and the second that affects your body (systemic lupus erythematosus). The type of lupus most publicized on television and the internet is that of systemic lupus erythematosus. This can be a serious illness. It is important to realize that this is not the type of lupus that you have. Discoid lupus erythematosus only affects the skin; it does not cause any problems with your internal health.

DLE is a condition characterized by red, scaling patches that occur on the face, ears, scalp, lips, and at times, other areas of the head, neck, and body. The red patches may heal as lighter or darker scars. The disease can come and go for long periods of time. When the DLE lesions occur in hairy areas such as on the scalp, it is possible for there to be temporary or permanent hair loss.

The cause of DLE is unknown. As I noted above, it is an autoimmune process, but the exact cause is not certain. DLE is more common in women than in men and tends to affect young adults. It can occur in patients of any age, however. In many cases, discoid lupus can be caused or worsened by sun exposure. It is important to use the appropriate sun protection.

In many cases, a small biopsy test of the skin needs to be done to confirm the diagnosis because other conditions can appear similar to discoid lupus. If the biopsy test does show evidence of DLE, then blood tests are usually done to have a baseline to compare with.

Treatment of discoid lupus includes various topical medications that can be rubbed into the individual areas. In many cases, injections of a type of cortisone medicine right into the area are the most beneficial. In some cases, oral medicine is required because this is the most effective way of managing the condition.

As I noted above, DLE can be worsened by sun exposure. It is appropriate to use the right sun protection, which usually is a type of a physical block sunscreen.

Although DLE is a form of lupus, it usually involves only the skin. There are very effective treatments for this condition. I will monitor your progress based on the type of treatment you have.

If you have any other questions regarding this condition, please do not hesitate to ask before you leave the office.

DISSEMINATED SUPERFICIAL ACTINIC POROKERATOSIS

Disseminated superficial actinic porokeratosis (DSAP) is a long and fancy name for a skin condition that causes dry, scaly, red to brown spots on certain areas of the body. I will describe the terms used in this condition's name. Disseminated shows that the spots are spread out on the body usually the arms and legs, superficial means that they are just on the surface of the skin, actinic means that it is related to sun exposure, and porokeratosis describes how the skin looks under the microscope. The reddish brown spots are generally seen on the outer parts of the arms and legs but they can occasionally show up on other sun exposed areas of the body. This is not a serious condition and is thought to be due to an abnormal sensitivity to the sun.

It is thought that a certain amount of accumulated sun exposure is needed to bring this condition out. It is more common among individuals who are fair skinned and of northern European descent. The average age in which people first notice DSAP is about forty, and the incidence increases with age. Women are affected more than man.

Once a spot of DSAP forms it may enlarge to form a ring or circle. The spots do tend to get larger up to a point and can itch after sun exposure. The condition usually improves during the winter months due to less outdoor exposure. Occasionally a small skin test is required to make sure that your condition is DSAP. Any spots that develop changes such as excessive crusting or bleeding may need to be checked out further.

Once the diagnosis has been established the best thing to do is to minimize further sun exposure by wearing protective clothing and using sunscreens. There are several treatments available for DSAP. Some treatments are used to treat all of the lesions. Some treatments are used for individual lesions. The individual lesion treatment includes liquid nitrogen and various surface surgical procedures.

DSAP is a common condition which is not an indication of a serious problem. There is effective treatment available. If you have any other questions please do not hesitate to ask before you leave the office.

DOXEPIN PATIENT INFORMATION

Doxepin is a very effective medicine in the treatment of various itching skin conditions. It is a pill that is taken at nighttime. It is safe and there are usually no side effects. As with any medication it is important to take Doxepin the proper way. The pill is taken only at night. Most patients need either one or two pills at a time. The dose you take depends on how much is necessary to control the itching. I would recommend you take one pill a night for the first 2-3 nights and if this does not work then increase the dose to two pills at night (and then three pills if necessary).

As with any medication, Doxepin does have some potential side effects. The only common problem patients report is that the pill can make them sleepy. Since you take the pill at night this is normally not a problem. If, however, the drowsiness or sleepiness would persist during the day then the dose may be too high for you. One other less likely side effect is a dry mouth which patients can develop. Any other side effects such as allergies, rashes, or stomach upset are quite uncommon.

Doxepin is a pill that is used for many different types of medical problems. It is important to realize that this medication is being used in your case for a skin condition and that is the reason why it is taken in the above manner.

Doxepin is a very safe and effective pill for the treatment of many kinds of skin conditions. If you have any other questions about this treatment please do not hesitate to ask before you leave the office.

DOXYCYCLINE PATIENT INFORMATION

Doxycycline is an antibiotic, which is taken internally. It is very effective for acne and other forms of skin conditions. Doxycycline is taken one or two tablets per day. It is best to take the tablet the same time each day so that you get into the habit of taking it regularly. This is important for any form of skin problem. It does not matter whether you have a full stomach or empty stomach, as these pills are absorbed well under all circumstances. Fortunately they do not usually cause any stomach upset or nausea as other types of antibiotics can produce.

Although Doxycycline is an antibiotic, many of its beneficial effects have been found to be related to its anti-inflammatory effects. In skin conditions, such as acne, there is a significant amount of inflammation present. This is what produces the redness and swelling in the lesions. Doxycycline can help with this inflammation and this benefit has nothing to do with it being an antibiotic. Therefore, Doxycycline is a type of medication that can be taken for prolonged periods because it is not working as an antibiotic.

Doxycycline pills are remarkably safe even when taken for prolonged periods. As with any antibiotic there can be rare side effects such as stomach upset, rash, or allergic reactions. If any of these problems develop, please call my office.

Occasionally Doxycycline can produce a side effect noticed as sun sensitivity (developing a sun burn like reaction with minimal sun exposure). This problem is uncommon and would only be a concern in the summertime or while on vacation in a sunny climate. This problem can be prevented by the regular use of sunscreen products. If you would notice any sun reactions, please let me know.

As with any internal antibiotic, women can develop a vaginal yeast infection as a side effect. This only occurs in 1 or 2 out of 100 patients. You would notice this as itching and a vaginal discharge. If this problem would happen please continue to take the antibiotic pill and call me for a prescription to treat the yeast infection.

It is best not to take this medication just before you go to bed. This is because people have complained of it getting "stuck" on the way down. This can cause some heartburn and discomfort. In order to avoid this problem the medication can be taken at other times during the day. If you do take it at night drink a large glass of water and wait one hour before lying down.

Doxycycline interacts with very few other drugs. Pregnant or nursing mother should not take this type of medication.

If you have any other questions about this treatment, please ask me before you leave the office.

Dupilumab (Dupixent)

Dupilumab is a promising new treatment that has been FDA approved for extensive atopic dermatitis/eczema. This medication specifically targets signaling of two substances called IL-4 and IL-13, which are responsible for producing much of the inflammation and redness of atopic dermatitis.

Atopic dermatitis can be quite severe and significantly interfere with your quality of life. The itching can be quite bothersome and the abnormal skin may lead to significant infections. Unfortunately the medication we used in the past did not work very well or could produce significant side effects. This medication has significant advantages in that it is more targeted to normalize the IL-4/IL-13 substances thereby increasing the efficacy and decreasing the risk for adverse reactions.

This medication can be used alone or in combination with topical therapy. Dupilumab is a medication that is self-injected every other week. The administration is quite easy to perform and we will instruct you on the proper way to do this. All of the materials for injection are supplied with the prescription.

Before the treatment is started we will need to obtain some baseline blood work if it has not been done already. Side effects of this medication are rare, with the majority being mild in intensity. These include conjunctivitis, or irritation of the eyes, cold sores of the mouth and lips, or tenderness at the injection site. If you have an active infection you should not take dupilumab. In addition, if you are pregnant, you should not take this medication. As with any medication, there are potential allergic reactions. Please call the office if you have any reactions or concerns.

Dupilumab is a major advance in the treatment of atopic dermatitis and eczema in general.

If you have any further questions regarding this medication, please ask me before you leave the office.

DUPUYTREN'S CONTRACTURE

Dupuytren's Contracture is named after a French Surgeon who pioneered its treatment. It is a condition in which the skin of the hand thickens and produces scar tissue. It is often first noted as a painless lump or cord in the palm near one of the horizontal creases. The skin over the palm may feel thicker and as the disease progresses, may appear dimpled. Dupuytren's Contracture is usually slow to develop often over many years, but the abnormal cord of tissue may eventually begin to tighten causing one or more of the fingers to bend slightly toward the palm. The little and ring fingers are the most commonly affected. Both hands may be involved at the same time, although one is usually more involved than the other.

The cause for Dupuytren's Contracture is unknown. At times, there can be a family (genetic) predisposition. Men are much more commonly affected than women and most patients are over 50 years of age.

In most cases, Dupuytren's Contracture is asymptomatic and does not affect activities. If it continues to worsen, daily activities such as wearing gloves or doing fine hand work can be difficult. Since the thumb and first finger are rarely involved, there usually are minimal restrictions. Rarely, this condition can be severe leading to an inability to straighten the affected finger and open the hand. When the ring finger is permanently pulled forward, this is known as a trigger finger.

In most cases, Dupuytren's Contracture is a mild problem and does not cause symptoms or restrict any activities. In these situations, the best treatment is no treatment at all since the surgery is often difficult. If the problem produces symptoms or interferes with day to day activities, there are various surgical procedures which can be quite useful. If this is the situation please ask me for a referral to a hand surgeon.

Again, Dupuytren's Contracture is a chronic condition that leads to a thickness in scarring in the palms. While there is no true cure, most patients have minimal problems with this situation. If you have any other questions, please ask me before you leave the office.

DYSHIDROSIS (DYSHIDROTIC ECZEMA)

Dyshidrosis is a type of eczema condition, which primarily affects the hands and/or feet. It tends to be very itchy and can come and go at times. Dyshidrosis normally begins as small water type blisters on the skin of the hands and feet. It often begins on the palms or soles, between the fingers, or along the sides of the feet. The small water blisters eventually break open, crust over, and slowly heal.

The word dyshidrosis is derived from two different words. Dys refers to abnormal and hidrosis refers to sweating. It is felt that the small water bumps are related to a sweating problem confined to the hands and feet. There is no specific problem with sweating elsewhere on the body.

The major problem in controlling dyshidrosis is that we do not know the root cause of the problem. There are many effective treatments for it, but the problem can come and go as noted above. The various treatments used for this problem include mild soaps, moisturizers, and prescription topical creams and ointments. At times the eruption can be severe and even spread to other areas of the body. At these times antibiotic pills, cortisone pills, or injections are used to control it. If all else fails a special form of ultraviolet light treatment can be used on the hands and feet.

The treatment that you will be prescribed is based on the type of eczema you have and what should help best. Unfortunately since the cause is unknown it is difficult to cure completely. Usually the problem can be treated so that it does not interfere with your day-to-day activities.

EPIDUO

Epiduo is a topical medication for the treatment of acne. It is a combination of two medicines: adapalene (a type of topical retinoid) and benzoyl peroxide (a type of antibiotic that kills acne-causing bacteria). Together, these two medicines have been found to work better than either medicine alone.

Acne is generally a combination of two problems: comedones (whiteheads and blackheads) and inflammation (redness and irritation). Epiduo works on both of these. Adapalene stops inflammation and the accumulation of skin cells that lead to whiteheads and blackheads, while benzoyl peroxide kills acne-causing bacteria on the skin which can lead to zits.

Epiduo can be used in patients who are either new to acne treatment or are not satisfied with the current treatment of their acne. It can be used in people with a few whiteheads and blackheads (mild acne) or people with a lot of zits and bumps (moderate acne).

Epiduo is easy to use, and only needs to be applied once a day. Most patients do not experience any side effects. Potential side effects include: redness, dryness, stinging and burning. Most of the time these problems are mild and the irritation will go away by itself early in the treatment. Also, benzoyl peroxide is known to bleach clothing and pillow covers (if you put it on before bedtime). If any problem occurs that you are worried about, please call the office.

Many people see a noticeable improvement in their skin within one week but it certainly can take many weeks. Please continue with the treatment since it eliminates the current lesions and can prevent new outbreaks.

Sometimes it is necessary to combine Epiduo with other oral or topical medicines to help control acne. I will decide based on your individual situation.

In summary, Epiduo works on acne by reducing all the major components including blackheads, whiteheads, pimples and inflammation. It can also help prevent new acne from forming by clearing clogged pores and reducing acne-causing bacteria.

If you have any questions about this medication, please ask me before you leave the office.

ERYTHEMA ANNULARE CENTRIFUGUM

Erythema Annulare Centrifugum (EAC) is an uncommon skin reaction consisting of red lesions of the skin in a circular or C- shaped pattern. The words that make up the name describe the typical lesions: erythema meaning redness of the skin, annulare meaning ring-shaped and centrifugum meaning developing outward from the center. The lesions may or may not have some scaling of the skin on the inner border of the circle. EAC often has no associated symptoms, but may be accompanied by some itching. It is a condition that can affect people of all ages and occurs equally in men and women.

EAC usually starts out as a solid red bump that grows outward along the skin a few millimeters per day. As the lesion grows, the center clears, losing its red color and leading to the characteristic circular shape. Patients with EAC usually have multiple lesions. These lesions may disappear after a variable period of time, but may be replaced by new ones. EAC often has a chronic and recurrent course.

A large number of lymphocytes (a type of white blood cell) and some other immune system cells are found in the skin, often surrounding the blood vessels, in EAC. We may want to do a biopsy of your skin to confirm the diagnosis of EAC. We do not know what causes EAC. It is thought to be a hypersensitivity reaction that could be caused by many different agents. EAC has been found to be associated with infections, malignancies, drugs and other diseases in a few patients, but there has been no real evidence that these factors cause EAC. EAC has not been associated consistently with any systemic disease. In most cases no underlying cause can be found.

Treatment of a disease for which you are unsure of the cause, like EAC, can be difficult. Topical or oral anti-itch medications can be helpful in a patient whose EAC itches. We may also suggest a topical steroid cream, oral steroids or an injection of steroids. Steroid treatment may help the current lesions to go away, but when the therapy is discontinued new lesions often form. After a variable period of time, the lesions of EAC may go away on their own, but there is always a chance of recurrence.



ERYTHEMA MULTIFORME

Erythema multiforme is the medical name for a skin condition which abruptly appears on the skin. It usually starts on the back of hands and/or tops of feet and may spread along the limbs towards the trunk. It may be relatively limited in the amount of involvement but at times it can be extensive. The initial lesions are round red bumps which progress to a target-like appearance. There may be an associated itch or burning sensation. Rarely, your mouth, eyes or other mucus membranes can be affected.

Erythema multiforme is thought to be a hypersensitivity reaction, a specific type of allergic reaction. The most common cause is cold sores but other infections and medications can also be the cause. I will try to determine the cause based on the information you supply in the history. It is important to try to remember anything that is new or different that may be related.

In treating this condition, the first goal is to eliminate any possible cause. If an infection is the cause, many times the infection has passed and no intervention is required. If there is a concern the infection is still present, a medication may be prescribed. If there is a suspicion that a medication may be the cause, the medication should be stopped immediately.

In many cases it is not possible to find a specific cause. These types of erythema multiforme seem to be one time eruptions which often are caused by a combination of circumstances. In these situations it is quite unusual for there to be a recurrence of these circumstances so it usually a single event and unlikely to recur.

In general, the treatment is designed at relieving the symptoms such as itching. This may be treated with various topical medications, oral medications, or an injection. The treatment will be based on your symptoms and the type of eruption.

Normally, erythema multiforme will subside relatively quickly. I would suggest that you try to taper off the oral or topical medication as the condition improves. That is, use the products less frequently as your condition improves. If you have any other questions regarding this condition, please ask me before you leave the office.



ERYTHEMA NODOSUM (EN)

Erythema Nodosum (EN) is a relatively uncommon reaction in the skin consisting of red shiny tender nodular lesions most commonly found on the legs. The erythema refers to the red color that is seen at the surface of the skin. The nodosum refers to the fact that these lesions feel like bumps or nodules underneath the skin surface.

Erythema nodosum is a reaction pattern occurring in the subcutaneous tissue and fat. It may be preceded by a low grade fever, fatigue, and joint pains. In about half of the cases, there is an internal condition occurring in the body which contributes to its formation. These include the use of certain medications, certain infections, and a number of other less likely causes. In order to identify cause for the erythema nodosum, it may be necessary to perform blood and laboratory tests. At times, however, the cause cannot be determined and erythema nodosum is considered to be idiopathic in nature.

Erythema nodosum often runs an acute course lasting for a brief period from weeks to months. In a small percentage of cases, it can be a more chronic condition. The red nodules are usually confined to the lower legs, but can develop anywhere there is fat under the skin including the thighs, arms, and trunk. Initially, the lesions are more red and inflamed in appearance, but with time become more bruise like. The individual lesions normally do not form open sores or ulcers. An individual spot normally heals in a period of a few weeks.

The first step in treating erythema nodosum is to try to determine the cause. If this cause can be eliminated or treated then a quicker recovery will occur. Independent of the cause, however, there is effective treatment. These include local measures such as leg elevation and heat application. Oral medications called non-steroidal anti-inflammatory agents which include common medicines such as Advil, Aleve, or Motrin are a first line of treatment. In some cases, a brief course of oral steroids is necessary.

Fortunately, in most cases erythema nodosum will resolve and the symptoms can be controlled. If you have any other questions regarding this condition, please ask me before you leave the office.

ERYTHROMYCIN ANTIBIOTIC INSTRUCTIONS

Erythromycin is an antibiotic, which is commonly used to treat many different skin conditions. It is a very safe medication and can be taken by patients of all ages.

Erythromycin is usually taken two or three times a day depending on the condition being treated. The only common side effect that people report is a stomach upset type of problem. For this reason, it is better to take the Erythromycin pills after you eat or have something in your stomach.

As with any internal medication, Erythromycin does have some rare minor side effects. If you have any new problems associated with the pill, please let me know. In women any oral antibiotic may produce a vaginal yeast infection. This is not common with Erythromycin but if it would occur, please let me know so that I can prescribe treatment for it.

Erythromycin does have potential drug interactions. These medications include Digoxin, theophylline, or various seizure medications such as Tegretol. If you are on any of these medications, please let me know.

It is important to take the Erythromycin medication regularly since it works best when used in this fashion. If the Erythromycin is being taken for a complexion problem, then the dosage is gradually decreased as the condition improves. If you have any other questions concerning this medication, please ask me before you leave the office.

ETANERCEPT (ENBREL)

Etanercept (Enbrel) is a promising new treatment for psoriasis and psoriatic arthritis. Enbrel was approved by the FDA for the treatment of rheumatoid arthritis in 1997. The treatments that help rheumatoid arthritis also help psoriasis and psoriatic arthritis so the medication has been out for many years in the treatment of other conditions. Enbrel is one of the classic drugs called biologics. These drugs are engineered from proteins produced by living cells. There were new research focuses on psoriasis and psoriatic arthritis being caused by an overactive immune system. This medication specifically targets a substance called tumor necrosis factor which is responsible for causing the inflammation, redness and scaling of the psoriasis.

In the past psoriasis was treated with either local treatment such as creams or ointments or whole body treatment such as phototherapy or oral medications. In many cases, these treatments can be effective but in other cases were not successful. In addition some of the oral medications have potential long term side effects which would be best avoided.

Enbrel is a medication that is self injected twice per week. This administration is quite easy to perform and we will instruct you on the proper way to do this. All of the materials are supplied with the prescription.

Side effects with this treatment are usually rare. The most frequent side effect is slight tenderness at the site where the medication is injected. This usually goes away in spite of continuing the treatment. If these areas are bothersome, then Tylenol (acetaminophen) or Motrin (ibuprofen) would be helpful. As with any medications, there are potential for allergic reactions. This is quite rare with Enbrel. Because Enbrel works on areas of the immune system there are theoretical risks for increased infections and lymphoma. This requires you to be aware of your general health and report any problems such as a lingering cold or fever. There have also been rare reports of Enbrel unmasking or worsening symptoms of multiple sclerosis or causing congestive heart failure to get worse. If you have a history of this problem or any neurologic problems, please let me know.

Enbrel is a medication which is potentially a great advance over previous treatments for psoriasis. It seems to work as well as the more conventional internal medications with fewer side effects. If you have any other questions regarding this medication, please ask me before you leave the office.

EUCRISA (Crisaborole)

Crisaborole is a new topical treatment for atopic dermatitis (eczema). It can also be used for other forms of skin inflammation. It is different from most of the creams used for eczema because it is not a topical steroid. It has fewer side effects than topical steroids.

This medication specifically targets signaling of a substance called PGE-4 which contributes to much of the inflammation and redness of atopic dermatitis.

Crisaborole is used only on the surface of the skin. It should be applied to the affected area once or twice per day, usually after washing or bathing. Wash your hands after applying the medication (unless your hands are being treated). Do not get the medication in your eyes or mouth. As your condition improves you can use the medication less often (once per day, then once every other day, then stop completely).

One advantage of this medication is that you can use it on any part of the body affected by the eczema which is not the cases with topical steroids

As with any topical medication there are uncommon cases of a reaction to crisaborole. If you develop severe itching, hives, or swelling anywhere on your body after using this medication, stop using it and call the office. This reaction is not common. Fewer than 4 percent of people (or less than 1 in 25) who use this medication will have a reaction.

Crisaborole has not been tested in pregnant or nursing women. Therefore, it is not known whether it is safe for pregnant or nursing mothers to use it.

Crisaborole is a safe and effective medication and an advance in the treatment of atopic dermatitis and various forms of eczema.

If you have any other questions, please ask me before you leave the office.

EYELID DERMATITIS (ECZEMA)

Eyelid dermatitis is a common skin condition affecting the skin on the eyelids and around the eyes. The affected areas are red, dry, scaly and often inflamed and itchy. Dermatitis and eczema mean the same thing and refer to the irritated appearance of the skin.

Eyelid dermatitis is a problem, which primarily occurs in women. It develops because the skin on the eyelids is the thinnest skin on the body and is most easily irritated. It is usually not a specific allergy to a product but is often related to the irritation, which develops when eye make-up is removed. It is more common when the skin is dry to begin with, such as in people with inherited forms of eczema or in the wintertime. In addition, forced air heating produces low relative humidity and this predisposes the skin to irritation. It is important to realize that it may not be one specific product, which is producing the problem, but a combination of all different products together along with the current environmental conditions.

Eyelid dermatitis is treated with a prescription cream, which is rubbed in twice a day to the affected areas. As the condition improves the cream can be used less frequently such as once a day, then once every other day and then to discontinue it completely. Although the skin may look normal, it often takes a month or two for it totally to heal underneath. During the initial stages of healing the skin is still prone to develop the irritation.

I do not recommend that you switch all of your cosmetic products but, if you can cut down the frequency of eye make-up use at least temporarily, this will help the skin to heal completely. It may be helpful to switch the product used to remove the eye make-up with.

Because this type of problem occurs due to a combination of factors, it may be a one-time event and it may never return. It is not uncommon, however, for dermatitis such as this to come back to a small degree. If the problem continues despite therapy, it may be necessary to do further testing on your skin to see if there are specific allergies. If you have any other questions regarding this condition, please do not hesitate to ask me.

HEREDITY THINNING (FEMALE PATTERN ALOPECIA)

Female pattern alopecia is a type of hair thinning which occurs in women. It is important to realize that this problem does not produce baldness. There is another problem in men called male pattern alopecia, which may produce baldness, but these conditions are completely different.

Female pattern alopecia produces a gradual thinning of hair on the top of the scalp. There are no bald patches on the crown or no widow's peak. The frontal hairline is maintained. It is just that the hair on the crown and top of the scalp tends to thin out very gradually.

It is normal for people to lose up to 100 hairs per day. Hair grows in a cycle where an individual hair root produces a growing hair, then a resting hair and then a hair, which falls out. When the hair falls out a new hair is there to replace it. In female pattern alopecia the hair which replaces the hair that just fell out is slightly smaller. With time there is an appearance of slight thinning. The problem often begins in the 20's or 30's.

It is very important to remember that female pattern alopecia does not produce baldness. It is simply a gradually thinning which progresses very slowly over the years. As an example if you would go into a nursing home, many of the women there do have thin hair on the top, but none are bald.

Unfortunately there is no reliable treatment for female pattern alopecia. There is a possibility that Rogaine (Minoxidil) therapy may help. I will discuss this further with you if you wish.

Female pattern alopecia is not a sign of any internal illness or any serious illness. It is simply a problem localized to the hair on the scalp. If you have any other questions about this condition, please ask me before you leave this office.

FEXOFENADINE (ALLEGRA) PATIENT INFORMATION

Fexofenadine (Allegra) is an antihistamine that is used for the treatment of many different skin conditions. It is very safe and effective medicine when used in the proper fashion.

Fexofenadine (Allegra) is a simple medication to take. The dose is one 60 mg pill twice per day, one in the morning and one at night. Do not take more than two pills per day.

The major advantage of fexofenadine (Allegra) is that it is a non-sedating antihistamine. This is, fexofenadine does not produce drowsiness. Most other antihistamines do cause some degree of drowsiness.

Like all medications, fexofenadine has potential side effects including stomach upset and allergic reactions. These are unusual with fexofenadine and occur in less than 1% of patients.

Again, Fexofenadine (Allegra) is a very safe and effective medication in the treatment of different skin reactions or hives. Do not take more than two pills per day. If you have any other questions about your treatment with this medication please ask me before you leave the office.

FIBROUS PAPULE OF THE NOSE (ANGIOFIBROMA)

A fibrous papule of the nose is a type of benign growth. It is also known as an angiofibroma. The long name is basically a descriptive term. The word fibrous means that the growth tends to have a firm feel in consistency. The word papule means a small raised growth and the term nose refers to the fact that the growth is almost always located on or near the nose.

A fibrous papule of the nose is totally benign and never becomes cancerous. The growth usually develops as a small, raised pimple like area on or near the nose. It sometimes is flesh colored. It may be slightly red. It usually does not produce any symptoms. Occasionally, it becomes inflamed since it is slightly raised from the skin.

Since these growths usually do not produce symptoms, no treatment is often the best option. In some cases, a small test of the skin is done to make sure that it is a fibrous papule of the nose and not another type of growth. I can usually tell whether a test is necessary based on what your growth looks like. At times these lesions are removed because they are somewhat protruding or have become inflamed. If they are removed there is usually excellent healing although at times a tiny scar could result.

In summary, a fibrous papule of the nose is a type of small benign growth that usually occurs on the nose in otherwise healthy adults. If you have any other questions regarding this spot, please do not hesitate to ask me before you leave the office.

Finacea

Finacea Gel (15% Azelaic acid) is a topical medication used in the treatment of various skin problems such as rosacea and acne. Rosacea is a chronic inflammatory condition that causes redness, flushing and pimples of the facial skin. There are often accompanying small superficial blood vessels visible underneath the skin (telangiectasias) in the affected areas.

Azelaic acid is a class of medications known as dicarboxylic acids. It is used in the treatment of both rosacea and acne. It helps by destroying bacteria that inhabit the skin pores and decreasing the tendency for the pores to become clogged. It has been shown to reduce the redness, flushing, and small pimple like bumps of rosacea.

Finacea gel is very easy to use. Apply a thin layer of the medication and thoroughly massage into the skin. This is usually done once per day. It is best not to apply immediately after washing. Occasionally Finacea causes a mild tingling or burning sensation when it is first used. If this occurs you should reduce your application of the medication or skip it for a day. Do not stop since this mild tingling is a sign that the medication is working. Finacea should not be used with harsh soaps or other abrasive facial products.

While Finacea often works very well to control the redness and inflammatory lesions of rosacea, it may not completely eliminate the broken blood vessels or completely cure the condition. Also, it may take 4 weeks or longer to see the effects of the medication. So even if immediate results are not seen, do not discontinue the use of the medication. Side effects of Finacea include: itching, burning, tingling or stinging on application. These side effects are usually very mild and will go away with continued use of the medication. Do not use Finacea if you have a history of allergies to propylene glycol which is a preservative in the gel base of the medication.

Finacea gel is an easy and effective way to treat the redness and inflammatory pimples of rosacea. In most cases it is a control for the problem so it works best if it is used regularly.

If you have any other question regarding this medication, please ask me before you leave the office.

FINASTERIDE (PROPECIA)

Finasteride (Propecia) is an oral medicine, which was originally developed for prostate problems in men. Men who took this medicine noticed increased hair growth on their bald scalps. Because of this, more research was done into this medication and it has been found to be helpful for men with hair loss.

Finasteride is a 5 alpha reductase inhibitor, which means it prevents the action of the 5 alpha reductase enzyme. This enzyme changes testosterone into its active form. The active form of testosterone causes hair loss in balding men. Finasteride blocks the 5 alpha reductase in the skin so that the hair is less likely to fall out.

Recent studies show that 1 mg. of Finasteride taken daily for at least six months may promote hair growth in the balding areas.

Finasteride is not to be taken by children and women of childbearing potential. If a woman who was using this medication became pregnant, there would be potential serious effects for the developing baby. There is also a theoretical concern that enough of this medication can be absorbed during intercourse so that a man should not take this medication if he is actively trying to conceive a child.

The only significant side effect that has been associated with Finasteride is a very low incidence of impotence and decreased sexual drive. This is much more likely in the higher doses used to treat prostate problems. There is also a potential risk of Finasteride altering theophylline levels. If you are taking theophylline, please let me know.

Finasteride appears to be the most effective medical agent available for the treatment of common baldness. It seems to be even more effective when it is combined with the use of topical Rogaine. Improvement is slow and gradual. Unfortunately, there is no treatment, which provides uniformly effective and complete reversal of hair loss but at this stage; this is the best treatment available. If you have any questions regarding this treatment, please ask me before you leave the office.

If you have any questions regarding this treatment, please ask me before you leave the office.

FIXED DRUG ERUPTION

A fixed drug eruption is a unique type of reaction to an internal medication. In most cases a drug allergy develops as a widespread eruption over your entire body. A fixed drug eruption refers to the fact that this type of reaction is fixed to a certain area in the skin. Most patients who develop a fixed drug eruption develop one or two small red spots that occur in a localized area. A typical size ranges from a dime to a half dollar.

A fixed drug eruption can begin minutes to hours after ingesting the medication which produces the allergy. In general it will resolve on its own when the medication is stopped.

Usually medications which are taken intermittently cause fixed drug eruptions. It is often difficult to piece together that a small red spot can be due to an internal medication. In some cases it can take months or years before the offending agent is discovered since the eruption does not usually produce any significant symptoms other than the slight swelling or redness in the skin. There are many common medications which can cause fixed drug eruptions such as antibiotics, pain medications or allergy medications. In some cases it is not the medication itself but a dye or preservative used in producing the product.

The first step in treating a fixed drug eruption is to identify the offending agent if possible. This medication should be stopped and not taken again in the future. Topical medication can be applied to the area to speed the healing. In some cases a small skin test is done to determine the exact nature of the process.

After a fixed drug eruption heals you may notice the skin stays slightly darker where the problem occurred. This is called postinflammatory hyperpigmentation and it may take months to fade.

In summary a fixed drug eruption is a unique type of reaction which can be difficult to identify. In general, it is harmless. If you have any other questions regarding this process please do not hesitate to ask before you leave the office.

Fluconazole (Diflucan)

Diflucan is an antibiotic prescribed for the treatment of a variety of fungal and yeast infections, including infections of the skin and toenails. This medication is normally a pill taken on a once per day basis, with or without food. The duration of treatment with Fluconazole depends on the condition that is being treated.

The majority of patients who take Fluconazole have no side effects. Like any medication, there are potential side effects such as stomach upset or an allergic reaction. These reactions are not common with this medication. During prolonged treatment with Fluconazole, liver function tests may be performed to monitor for liver toxicity.

It is important to realize that this medication can interact with other medicine. Some of the more common interactions include statins, sildenafil (Viagra) or warfarin (Coumadin). Fluconazole may increase the blood levels of these medications. It is important that you notify us of all your regular daily medications.

As with some other medications, pregnant or nursing mothers should not take Fluconazole. If there is a chance you are pregnant, please stop this medication and call the office.

In summary, Fluconazole is a safe and effective medication in treatment of yeast and fungal infections. If you have any other questions about this medication, please do not hesitate to ask me before you leave the office.

FOLLICULITIS

Folliculitis is a common skin problem. The name is derived from two words. Follicle represents the hair follicle or hair root. There are hair follicles present on our entire skin surface except for the palms and soles. In most areas the hair is visible, but there are follicles even in areas where the hair is not visible. The "itis" part of the word refers to the redness, swelling and itching, which may be present around the follicles.

Folliculitis produces red pimple like lesions in the affected areas. In some cases there are tiny pus head bumps present. There may be itching and/or discomfort in the area depending on the type of folliculitis that is present.

Folliculitis is often a combination problem related to irritation in the skin from contact with soaps, detergents, shaving, or rubbing from the clothes. In addition, there may be the normal skin germs present on top of the area, which slows down the healing. That is why in some cases a test is done from a pus head bump.

Fortunately folliculitis is treated fairly easily with combinations of oral and/or topical medication. The specific medication that you get depends on the exact nature of your problem. If you have any other questions about this condition, please do not hesitate to ask me before you leave the office.

FRAGILE SKIN BLEEDING (SUN INDUCED PURPURA)

Easy bruising and bleeding into the skin of the tops of the hands and forearms occurs in many middle-aged and older people especially if their skin is fair. This easy bleeding which can occur without apparent injury is a result of the skin being made thin and fragile by years of sunlight exposure. It is *not* the result of a blood disorder or internal disease. The fact that bleeding occurs only on the sun damaged areas of the hands and forearms and never on the covered parts of the body clearly shows that it results from local skin damage.

Sun exposure over the years even without sunburning can thin your skin and damage its supporting fibers. These sun-damaged fibers can no longer adequately support your skin and its blood vessels. Even slight movement may cause an unsupported blood vessel to break. This releases blood into the skin and leaves unsightly purplish marks.

Occasionally treatment of certain skin conditions with a specific type of shot or a specific pill can also make the blood vessels more fragile. Developing these bruises is a side effect of this cortisone treatment.

Unfortunately there is no specific treatment for fragile skin bleeding. It is only a problem due to the appearance of the skin. Again it is important to realize that this is not evidence of any internal disease or blood disorder. If you have any other questions about this condition, please do not hesitate to ask before you leave the office.

GANGLION CYST

A ganglion cyst is a benign growth. A ganglion cyst is a small sac just underneath the surface of the skin and often on top of a joint or tendon. It is helpful to think of the ganglion cyst as a small pea or grape under the skin. Within the ganglion cyst is a thick, jelly like material. This growth is harmless and not cancerous.

Ganglion cysts are also referred to as "Bible cysts". In the past, doctors would tell people that if the cyst was traumatized it could go away on its own. Historically the largest hard cover book in the home was the Bible so people would actually smash the cyst with the Bible. We highly recommend against this today due to potential for damaging surrounding bones and tissues.

A ganglion cyst is often located on the wrist, finger joints, top of the foot, and outside the knee and ankle. It is also possible to develop a ganglion cyst on any part of the body. It is not known what exactly causes a ganglion cyst to appear. Joints or tendons that have been injured in the past are more likely to develop ganglion cysts.

Most people notice these as round bumps or lumps under the skin. They are usually smaller than an inch in diameter, but it is possible for them to be larger. It is common for the size of a ganglion cyst to change with movement.

Ganglion cysts are usually painless. Most of the time, treatment is not required. Sometimes they go away without any treatment. However, it is still possible for ganglion cysts to cause local symptoms such as mild swelling and pain depending on their size and location. If you have any symptoms, please let me know.

If treatment is necessary, it is possible to surgically remove the cyst. Removal is usually a minor surgical procedure with a few stitches. Occasionally the cyst can be drained by a surgeon.

As I noted above, a ganglion cyst is a benign growth. Unless there are specific problems, they are often left alone. If you have other questions regarding these growths, please ask me before you leave the office.

GRANULOMA ANNULARE (G.A.)

Granuloma annulare is a skin condition consisting of tan or brown bumps in the skin. The name comes from a description of the condition. Granuloma refers to what is seen under the microscope when a test is done from this problem. Annulare refers to the fact that the skin bumps are often shaped in an annular or circular fashion.

Granuloma annulare is only a skin condition. It is not cancer. It is not a sign of any internal problem. It is not serious.

The root cause of granuloma annulare is not known. In some cases it may be a result of an injury to the skin but why these lesions come and go is not known.

Granuloma annulare may occur in patients of all ages. In children it is not uncommon for there to be one single spot shaped in a ring on the arms, neck or hand. In some cases patients may have many smaller spots located in different areas of the skin. It is usually not itchy and is only a problem because of its appearance in the skin.

Although the exact cause of granuloma annulare is not known, it is often possible to use treatment, which helps the condition. This treatment may involve the use of topical creams or at times actual injections into the skin bumps. In order to identify this skin condition, a biopsy test of the skin is often done when you are first seen. This test is done to confirm the diagnosis.

Granuloma annulare can go away completely on its own at times. It does seem to have a life span measured in terms of months or a few years. If you have any other questions concerning this condition, please do not hesitate to ask me.

GROVER'S DISEASE (Transient Acantholytic Dermatitis)

Grover's disease is a skin eruption which tends to occur on the chest and back of adults. It is a harmless annoying problem, which produces small red, itchy, pimple-like areas. It can be smooth or warty in texture. Although it often occurs on the trunk of middle age adults it is by no means restricted to this area of the body or age group. The problem with this eruption is the itching associated with these lesions. This problem tends to appear or worsen in conditions of high heat and humidity. Many patients notice the eruption is worse after sweating or exercising.

Grover's disease, is named after Dr. Grover, who first described the problem. The other name is simply a descriptive term. Transient means the condition can come and go. Acantholytic is a fancy medical word to describe something that is seen under the microscope when a test is done from the actual skin eruption. Dermatitis refers to the fact that it is a red, scaly and itchy skin eruption.

It is difficult to predict the natural history of this condition. Many patients with Grover's disease have limited outbreaks only in one summer. In other cases it can come and go for many years. The exact cause of the condition is not known. It is certainly not a sign of cancer or an internal condition. In general, this is strictly a problem due to the annoying nature of the itching. In some cases a small test of the skin is required to confirm the diagnosis.

Fortunately, for the most part Grover's disease is treatable. If it is possible avoid the activities or situations which make the condition worse. There are various topical medications that can be used to relieve the symptoms. At times, oral medication is needed. I will determine the best therapy based on your individual situation.

Again, Grover's disease is a harmless, sometimes annoying condition which is treatable. If you have any questions, please ask me before you leave the office.

HABIT TIC

Habit tic is a term that refers to a condition which affects the nails. In this problem, a person unconsciously (habit) performs a repetitive movement (tic) which causes repeated rubbing of the nail cuticle. The main sign of this condition is a central groove or depression in the nail itself. It is most common to see this condition in the thumbs although other nails can be affected as well. It is also common for the same nail on both hands to be affected.

The misshapen nail forms because rubbing the cuticle disturbs the nail matrix. The nail matrix is a medical term for the root of the nail. These nail producing cells are located under the cuticle and are susceptible to injury from pressure. An example of such pressure is that caused by other fingers lightly rubbing the area. Other skin diseases or injuries that involve the nail producing cells of the matrix will also cause nail abnormalities.

The main treatment for this condition is to prevent any further injury in the area of the cuticle and nail matrix. In cases of habit tic it may be difficult to avoid this because it is an unconscious habit. Placing barriers like Band-Aids or tape over the cuticle area may prevent some of the damage to the nail matrix and remind you to stop. Just being aware of the issue can also help you prevent the irritation in the area. It is important to remember that nails grow very slowly and it may take months or even more than a year to see results. If you have any other questions regarding this condition, please ask before you leave the office.



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Hair Removal Methods

Unwanted facial and body hair is a common problem that can be a source of great distress. In the vast majority of cases there is an inherited or genetic tendency to develop the excess hair growth.

There are two main types of direct hair removal. The first, depilation, is the removal of the part of the hair above the surface of the skin (such as shaving or trimming). The other, epilation, is the removal of the entire hair, including the part below the skin (such as waxing, lasers, or electrolysis).

There is a topical medication, Vaniqa (eflornithine HCl) (see separate information sheet) has been approved by the FDA to help slow hair growth on the face and under the chin. This medication is a supplement to the method that you already use to remove the hair. Hopefully whatever method that is can be done much less frequently. The effect of this medication is not permanent, and once it is discontinued, hair returns to its normal growth cycle.

The only possible permanent methods of hair removal are by laser or electrolysis. Laser hair removal involves using pulses of light to destroy the hair follicle underneath the skin. Electrolysis involves using a probe to deliver electricity that causes localized damage to the areas that generate hairs underneath the skin. Usually multiple treatment sessions are required and these procedures may be costly and are not regularly covered by insurance. If you are interested in one of these permanent techniques, I can supply you the names of providers who provide these treatments.

Halo Nevus

The term halo nevus is used to describe a mole (nevus) surrounded by a ring of lighter skin. These types of moles are most common in children and teenagers, but can occur at any time of life in both men and women. Multiple numbers of these moles can occur in people with a skin pigmentation disorder called vitiligo or in patients with a family history of vitiligo. However, the presence of a halo nevus does not mean you have vitiligo.

The halo is an area of skin that has lost its normal color. It is believed that the loss of pigment is due to your own immune system. This can represent a normal immune process and does not mean that anything is wrong with your immune system.

A halo nevus can follow one of three courses:

1. The mole can remain dark with the surrounding light skin (halo).
2. The mole may lose its color and blend with the surrounding halo.
3. The halo may regain the color of your normal skin.

It is impossible to predict how your halo nevus will act, but it is important to know that each type of halo nevus is harmless. There is no increased risk of skin cancer with these spots.

For the most part we will just watch your halo nevus, just like we would watch any mole. If the mole itself develops any atypical features like irregular borders or variation in color, further testing may be indicated.

If you have any questions or concerns, please ask us before you leave the office today.



PSORIASIS AND HEART HEALTHY

As a physician, I have always tried to treat your psoriasis with the best therapy for your individual situation. In addition I am also concerned about all my patients general well being and health. It has been well known for many years that heart disease and heart attacks have been linked to a variety of medical conditions and risk factors including diabetes, high blood pressure, obesity, high cholesterol, and smoking.

In addition to these, recent studies have shown that severe psoriasis may be an independent risk factor for heart disease and heart attacks. This essentially means that an otherwise healthy person with severe psoriasis may have a slightly higher risk of having heart disease or a heart attack than an average person in the general population.

At this point in time it is uncertain whether the treatment of psoriasis eliminates this slightly higher risk of having heart disease. This often leads patients to ask me the question, “what can I do to decrease my risk of having heart disease”?

For patients with psoriasis it becomes even more important to focus on decreasing risk factors that we know for sure, if kept in check, will decrease the risk of heart disease or having a heart attack. This involves stopping smoking, losing weight, eating a healthy, balanced diet, and exercising regularly. It also includes making sure that your blood pressure is well controlled, that your blood sugar is controlled if you have diabetes and that your triglyceride and cholesterol levels are being monitored properly. It is imperative that you continue with regular checkups with your general medical doctor and follow through on any screening tests or suggestions that he or she may have.

By leading a healthy lifestyle and working together with your regular physician at controlling modifiable risk factors such as diabetes, high blood pressure, obesity, smoking, and high cholesterol, you can minimize your risk of heart disease.

If you have any other questions about psoriasis and heart disease, please ask me before you leave the office.

HERPES ZOSTER (SHINGLES)

Shingles (herpes zoster) is a nerve infection caused by the chicken-pox virus. Shingles results from activation of chicken-pox virus that has remained in your body since you had chicken-pox. You do not catch shingles from another person. It comes from within your own body when the virus is reactivated. The virus activation is limited to a single nerve root. This accounts for the pattern of the rash, which is always on one side of the body. The nerve involvement explains the stinging, burning, or pain common in shingles. Some patients have discomfort before the rash appears. For example, patients have been admitted to the hospital for a heart attack and the next day shingles appear on their chest.

The rash of shingles begins as red patches that soon develop blisters. The blisters may remain small or can become large. They heal in two to four weeks. They may leave some scars.

Many patients mistakenly believe that “nervousness” causes shingles. This is wrong; shingles is a viral infection of a nerve and has nothing to do with being “nervous” or stressed.

Shingles is not contagious. Theoretically, a person with shingles could transmit chicken-pox to a child or an adult who has never had chicken-pox. This is highly unlikely unless the shingles is on an exposed area such as the face and there is very close contact with the child. Therefore, you do not have to quarantine yourself. If the shingles is in a covered area there is no problem at all. If the shingles is on an exposed area it would be best to keep away from any children who have not had chicken-pox until it has crusted over completely.

Treatment for shingles depends on how long you have had it. In the early stages antibiotic pills are prescribed, which kill the virus. In later stages antibiotic salves are used to be applied directly to the blisters.

If you have a lot of pain you will be given a prescription painkiller to take until the pain subsides. The pain is caused by inflammation and swelling around the nerve. The blistering rash usually clears up in a few weeks. The discomfort may last longer.

Do not open your blisters. You should soak the blisters or crusts for ten minutes twice daily with a washcloth soaked in lukewarm water. After soaking, pat dry the area and apply a thin layer of Polysporin Ointment. This ointment is available over-the-counter. Later, when the crusts and scabs are separating, your skin may become dry and cracked. If that happens rub on a small amount of antibiotic ointment (Polysporin or bacitracin) three or four times a day.

HIDRADENITIS SUPPURATIVA

Hidradenitis suppurativa is a fancy medical term for a skin condition which tends to affect certain body areas. The word hidradenitis refers to the swelling that can occur in glands called apocrine glands which are located in the skin fold areas. The term suppurativa refers to the fact that the glands can sometimes become inflamed and drain on their own.

Hidradenitis suppurativa is a chronic condition that affects certain body areas where there is a high concentration of apocrine glands. These include the armpits, groin region, buttocks, and skin under the breasts in women. Women are affected more often than men and the condition often starts around puberty. There is a genetic tendency towards this condition so in some cases, other family members may have a similar problem.

The skin lesions in hidradenitis suppurativa are thought to develop from the blocking of an apocrine sweat gland which leads to enlargement of the duct and hair follicle. At times this may appear as a blackhead or whitehead. In many cases the blocked duct causes redness and swelling underneath the skin. This can produce a lesion that appears to be a boil or abscess. Eventually, the gland may rupture and leak its contents into the skin, causing further inflammation. Over time the affected areas may become scarred and form tracts under the skin which continue to drain material.

Many patients have only mild involvement in one area of the body. Some patients have involvement of all the affected areas to varying degrees. In many cases, the condition can improve on its own, especially in the 30's or 40's.

There are many different treatments for hidradenitis suppurativa. Some of the medications used are for preventative measures. This usually involves various soaps and lotions applied to the skin. Treatment of individual boil type growths includes the injection of material to shrink the swelling and minor office procedures where the contents are drained through an incision. In many cases, oral antibiotics are helpful to decrease the swelling of the inflamed glands. When the involvement is more extensive, total removal of the affected apocrine glands is the best treatment. If all the glands are removed, this is the closest type treatment to a cure. If you are a candidate for this type of procedure, I will let you know.

Hidradenitis suppurativa can be a frustrating condition because it tends to come and go over time. As I noted above, there are treatments which can help. I will try to determine individually what would be the best treatment in your case. If you have any other questions regarding this condition, please do not hesitate to ask before you leave the office.

Hidrocystoma

A hidrocystoma is a type of a cyst. It is a benign growth of a sweat gland. They normally appear around the eyes or eyelids but can occur in other areas of the body. They usually measure from a few millimeters up to ½ inch. They appear as soft bumps that are skin-colored and often have a bluish tint. They occur in adulthood and persist indefinitely. They are benign and never turn cancerous. The cause of hidrocystoma is not known. They do not have a tendency to occur in families.

At times I cannot be 100% sure by looking at the growth if it is truly benign or not. In this case a small sample of the growth would be sent to the laboratory to prove the diagnosis.

Usually, hidrocystomas do not cause any symptoms. Since they are a growth, they usually persist. With time, they can slightly enlarge. They do not have a cancer potential and they cannot be spread by touching. Some patients are concerned about the visual appearance of the growths. There are various ways to remove hidrocystomas and I can discuss the options with you. The potential benefit of removal however, must be weighed against the potential for scarring that can result depending on the location and size.

Again, hidrocystomas are benign growths and in most cases, require no treatment. If you have any other questions regarding these lesions, please do not hesitate to ask before you leave the office.



HIVES (URTICARIA)

Hives are itching red welts or small bumps that last from 15 minutes to several hours. They usually appear suddenly and leave no trace when they disappear. Crops of hives may appear several times a day. They may come and go for days, weeks or months.

What causes hives?

Hives are often caused by something taken internally, most often a medicine such as penicillin or aspirin. Sometimes foods cause hives; shellfish and strawberries are well known examples. Hives may be caused by infections such as a viral flu or cold. Occasionally physical agents such as pressure or cold can cause hives. Usually the cause cannot be found. Fortunately, I can usually treat hives successfully -- even though their cause may remain a mystery.

Treatment

In treating your hives, the first goal is to find the cause. Medicine is prescribed to control the rash and itching.

Since the medicines are most common cause of hives, please list all the medicines you have been taking -- including headache tablets, allergy pills, medicines for stomach discomfort, laxatives, tranquilizers, cough medicines and pain killers. Think for a minute of what your medicine cabinet contains. List any unusual foods you ate in the two days before the hives first appeared. Have you had any recent illnesses?

Hives are usually controlled with antihistamine pills. These pills are taken every 6 hours until the hives are better. Antihistamine pills are very safe but may cause drowsiness. For this reason you may want to take the first dosage at dinner or bedtime. It is best to take the pills regularly until the hives stop rather than waiting until a new crop develops. Adjust the daily dosage (1-6 pills/day) based on the relief from the hives compared to the drowsiness.

Hives usually improve with medicines quickly. If you are not better within 5-7 days, please return to the office.

Medicines applied to your skin such as creams or lotions may help the itching. Apply these lotions whenever needed. Cooling the skin may also relieve severe itching. A cold shower is the simplest way.

When your hives have cleared up, keep taking the medicines in the same way for two more days. Once you have been free of hives for two days, *gradually* take less and less of your medicines over the next seven or eight days. If hives come back while you are tapering off the medicines, resume the original amount until the hives disappear.

While the hives usually clear quickly with treatment, they can be stubborn and I may have to try different medicines. Sometimes the amount of medicine needs to be increased. If your hives do not go away in a few days or if they last more than three weeks, call my office.

HOT TUB FOLLICULITIS

Hot tub folliculitis is a form of a skin infection. The folliculitis refers to the appearance of the eruption as small red bumps or pus head bumps around hair follicles. One of the common ways to acquire this infection is from a hot tub but it has been associated with other types of water exposure. It is a superficial skin infection that does not cause serious or internal problems. It is not contagious from person to person but is contagious from the water source you encountered.

A type of bacteria called pseudomonas usually causes this type of folliculitis because it can grow in water. This bacteria enters your skin through the hair follicles or from small breaks in your skin from rubbing up against the side of the hot tub. The bacteria is more common in water with low chlorine / bromine levels or a high pH.

The skin eruption normally appears within hours or up to two days after coming in contact with the bacteria in the water source. At first the eruption may be itchy and then progresses to small red bumps many of which can have small pus head centers. The folliculitis condition heals without scarring but temporarily the skin may be off color after the eruption heals.

In most cases this skin eruption will resolve on its own but topical treatment or oral treatment may help speed resolution. I will determine your individual treatment based on the extent of your eruption and the symptoms.

Since this eruption is caused by a water source it is important to properly maintain the hot tub or whirlpool where it was acquired. This entails frequent checking of the bromine or chlorine levels. If this is done properly the infection will not come back.

If you have any other questions regarding this condition please do not hesitate to ask before you leave the office.

HYDROXYCHLOROQUIN (PLAQUENIL)

Hydroxychloroquin (Plaquenil) is a drug that was originally used to treat malaria. Therefore, it is often classified as an antimalarial drug. Today it is used for many other skin problems such as cutaneous lupus and even has effects in rheumatoid arthritis.

Plaquenil is a drug which has antiinflammatory effects. In many skin diseases an overactive immune system can result in red scaling patches. Plaquenil can decrease the inflammation which leads to these red scaling patches. You will often see an improvement in the size and texture of your skin as the lesions continue to improve.

Plaquenil is taken as one or two pills per day. The pills can be taken separately or at the same time. In most cases, a blood test is done before starting Plaquenil and further blood tests may be done as you stay on treatment.

Plaquenil is generally very well tolerated and is a safe medicine. As with any medicine, there are uncommon side effects such as mild stomach upset, headache or rash if you are allergic. Some of these side effects can be diminished if you take the medication with food. As with any medicine, there are unusual rare side effects. If you have any problems taking your pills, please let me know.

Plaquenil is a medication which often works very slowly. If you take the pill for a few weeks or a month and do not notice any change, please do not be discouraged. It often takes many months for the full effects to become apparent.

As with any medicine, it would be best not to use this therapy if you are pregnant or plan on becoming pregnant.

In summary, Plaquenil is a medication which is safe and effective for lupus and other forms of skin problems. If you have any other questions regarding this medicine, please do not hesitate before you leave the office.

HYDROXYZINE THERAPY

I have prescribed a pill known as hydroxyzine as part of your care for your skin problem. Hydroxyzine is a very effective treatment for various itchy skin conditions. Hydroxyzine is a very safe treatment, but you should be aware of the proper way of taking it.

Most patients who use hydroxyzine do not have any problems with the medication. The major common side effect which can occur is sleepiness or drowsiness. This happens in a small percentage of patients. Because of this I would recommend you take the first dose after school or work and the second dose at bedtime. It is important to avoid any alcoholic beverage or other sedative medication.

There is a wide variation in the number of hydroxyzine pills a given patient can take. For some patients one pill a day is all that is needed. For other patients eight pills a day may be required. Start out by taking only one or two pills per day and then slowly increase the dosage as needed. It is important that you take the number of pills that is necessary to control your skin problem while at the same time not take too many to cause sleepiness or drowsiness. On an average most patients take two or three pills a day which controls their itching or skin problem very well.

Occasionally patients who take hydroxyzine develop a dry mouth. This usually goes away even though you continue to take the pills and should not interfere with your treatment.

As with any medication there can be other more unusual side effects. These would include stomach upset or an allergy. These type of side effects are very unusual with hydroxyzine.

If you have any other questions about this treatment, please ask before you leave the office. If you have any problems while you are taking hydroxyzine, please call my office immediately.

HYPERHIDROSIS

Hyperhidrosis is a skin condition, which can affect the hands, feet and/or armpit. The first part of the word hyper refers to too much. The second part of the word hidrosis refers to sweating. Very simply hyperhidrosis is a fancy medical word for too much sweating which you already knew before you came to see me.

Unfortunately the root cause of the hyperhidrosis condition is not known. It is not an indication of an internal problem. It is not related to stress or anxiety. The sweating can occur independent of any factors, which may produce sweating in other circumstances.

Although the condition is not serious in any way it can be quite bothersome and interfere with normal day to day activities. Although the root cause is unknown, it is treatable in most cases.

The main treatment for hyperhidrosis involves the use of a prescription liquid medication to the affected areas at night. It is important to apply the medication to the areas after they are dried off with a towel. The medication is only applied at night. It must be used regularly to start to decrease the amount of sweating. In some patients the sweating slows down after only a week or two but in other patients it may take up to six to eight weeks to improve. After the sweating is decreased, the medication can be used infrequently such as once or twice a week to keep it that way. The advantage of this treatment is that once you decrease the sweating, the medication can be used infrequently and the sweating will not return.

The problem with the prescription medication is that there is a fine line between the medication cutting down the sweating versus producing some irritation. If you do notice any irritation on the affected areas such as dryness, redness or swelling, you may have to stop the medication for a day or two and apply a lotion. Once the irritation goes away the prescription liquid can be restarted. Most patients can find a happy median where they use the medication regularly and not produce any irritation.

Although the cause of hyperhidrosis is unknown it usually can be helped in one way or the other. If you have any other questions about this condition, please do not hesitate to ask before you leave the office.

HYPERSENSITIVITY REACTION

A hypersensitivity reaction is a medical term used to describe a type of allergic reaction. The problem usually appears as red areas on the body, which may be widespread. At times it may appear as hives, dry scaling areas, or even blisters. The eruption may be relatively localized or may involve almost the entire skin surface. Often times these hypersensitivity reactions cause a significant amount of itching and this is often the reason people seek medical attention besides the appearance of the eruption.

Two of the more common causes of an allergic hypersensitivity reaction are an infection, such as a virus, or a drug reaction. A drug reaction may be due to any medication, including aspirin, vitamins, herbal products or various supplements. It is possible that you have been taking the medication for a while and the eruption is delayed, however, it is often caused by a medication that you have started recently. There are many other possible causes of hypersensitivity reactions. I will try to determine these various causes based on the information you supply in your history.

In treating this condition the first goal is to eliminate any possible causes. If there is a suspicion that a medication may be the cause, the medication should be stopped immediately. In many cases if it is felt to be an infection, the infection itself may have already passed and no specific intervention is required. If there is a concern regarding any kind of active infection, medication may be prescribed.

In many cases it may be impossible to find a specific cause. These seem to be one time eruptions which often are caused by a combination of circumstances. In these situations it is quite unusual for there to be a recurrence of these circumstances so it is usually a single event and highly unlikely to recur.

In general the treatment for a hypersensitivity reaction is designed at relieving the symptoms. One of the major symptoms may be itching. This may be treated with various topical medications, oral medications or an injection. The treatment will be determined based on your symptoms and the type of eruption.

Normally, these types of eruptions will subside relatively quickly. I would suggest that you try to taper off the oral medication or the topical medication as the condition improves. That is, use the products less frequently as your condition improves.

In general, a hypersensitivity reaction can be easily treated and hopefully will not recur. In certain ways this type of problem is like sunburn. If a person comes to my office with sunburn it is too late from one standpoint because the skin is already red and tender. The medication that I prescribe will help relieve the symptoms and hopefully allow the problem to clear up quicker. In general it won't recur unless there is a specific allergen that you come in contact with again.

If you have any other questions regarding this condition, please ask me before you leave the office.

POST INFLAMMATORY HYPOPIGMENTATION

Post inflammatory hypopigmentation is a skin condition, which tends to leave lighter marks in the skin. Unfortunately, it has such a long and confusing name but it is only a skin problem and not a sign of an internal disease.

Post refers to the fact that this condition has developed after a previous skin problem. Inflammatory refers to the fact that there normally was a skin condition present before which produced some redness and/or scaliness in the skin. In some cases this skin problem may have been so minimal that you did not notice it.

Hypopigmentation means that not enough pigment is left over in the skin. Therefore, this condition develops after a rash where not enough pigment is left over at the spots where the rash was. Post inflammatory hypopigmentation is a temporary problem. As long as the underlying skin problem can be controlled and no new bumps develop, the lighter areas will slowly go away. It is important to realize that this is not a permanent lightening of the skin but it resolves slowly. In most cases it takes many months or possibly even a year to go away completely.

Since post inflammatory hypopigmentation is a temporary problem usually no treatment is required. There are certain types of this condition where various creams may help speed the healing period. In addition, cautious sun exposure may even out the discoloration. Hopefully the lighter areas in your skin will slowly go away so that they will no longer be visible. If you have any other questions regarding this condition, please do not hesitate to ask me before you leave the office.

IDIOPATHIC GUTTATE HYPOMELANOSIS

Idiopathic guttate hypomelanosis (IGH) is a condition which produces small, white patches on the skin. It is a benign condition. "Idiopathic" means that the cause is unknown. "Guttate" means resembling raindrops. "Hypomelanosis" refers to the light color of the affected areas. Although most often found on the shins and sun-exposed parts of the forearms, guttate hypomelanosis may also arise on other sun-exposed areas including the face, neck, and shoulders. The white spots are generally small (less than a pencil eraser tip) and are usually smooth. They may be slightly scaly.

IGH appears to be related to the effect of sun exposure and age on the number and function of pigment-producing cells of the skin (melanocytes). Idiopathic guttate hypomelanosis does not appear to be due to trauma or viral infection. It is not a sign of an internal problem. It is not vitiligo. It is not a sign of a cancer or any contagious skin problem.

Treatment is usually not required as the marks are completely harmless. Attempts to destroy the lesions may leave brown marks or larger white marks, which often look worse than the original condition. Sun protection with sunscreens or sunblocks is important to prevent sunburn in the lighter areas. Avoiding tanning beds is best.

Treatment is often designed to hide the marks rather than remove them. This can be accomplished with artificial tanning creams containing dihydroxyacetone or various cover up type make-up. Surgical techniques such as freezing, dermabrasion or microdermabrasion are not recommended.

Once again, IGH is a benign condition. Treatment is usually not needed. If you have any questions please ask before you leave the office.



IMIQUIMOD (ALDARA) CREAM

Imiquimod (Aldara) cream is a new topical treatment for persistent warts and various sun induced skin lesions. It works by locally stimulating your immune system to recognize the wart virus as a "threat" and destroy it. This is a totally new approach to wart and sun induced growth therapy. It has a significant advantage in that your own body's immune system actually kills the lesion. In this case, it is unlikely for the growth to return. Hopefully it will be effective in your case.

It is usually applied once a day or once every other day at bedtime. For most warts, the cream works better if it is covered with a Band-Aid. This helps the medication to penetrate into the thickened skin of the wart. It may not be possible to use a Band-Aid in certain areas. If not, just rub the cream in well.

The only significant side effect is the possibility that imiquimod (Aldara) may produce some local redness and irritation. If this occurs, you should stop applying the medication until the problem resolves. Then restart using the cream less frequently, such as every other day.

It often works very quickly but it can take up to 16 weeks of treatment to determine if the medication is effective.

Imiquimod (Aldara) cream comes in 12 or 24 small packages. Each package is good for multiple uses. Apply a small dot of the medication at the site of the wart and rub it in well. After applying it, you should fold the packet down and store in a plastic bag to keep the remainder from drying out.

If you have any other questions about this therapy, please ask before you leave the office.

IMIQUIMOD (ALDARA) CREAM
TREATMENT FOR ACTINIC KERATOSES

Imiquimod (Aldara) cream is a topical medication for the treatment of actinic keratoses. Actinic keratoses are the dry, red, scaling spots on the skin that occur as a result of sun damage. They often feel rough or sandpaper-like. They have an uneven texture. These lesions are not skin cancers but in rare cases may develop into skin cancers. Treatment of these lesions requires removal of the defective skin cells. The new skin then forms from the deeper layers which are free from sun damage.

Imiquimod is a new topical cream for the treatment of actinic keratoses. It is also used to treat warts. It works by stimulating your own immune system to destroy the lesions. This is an entirely different approach to the treatment of actinic keratoses. Imiquimod cream comes as a prescription in 12 or 24 small packages. Each package is good for multiple uses, depending on how much cream is required.

Apply a thin layer of imiquimod cream to the red, scaling spots at night. It should be rubbed in well. It is applied once per day at bedtime for 14 straight days and then discontinued for 14 days. These cycles can be repeated depending on the response to therapy. Since imiquimod comes in small packages, it works best if the individual package is poked with a pin and the package is then stored in a small plastic-type sandwich bag. This will prevent the medicine from drying out. It is best to wash your hands thoroughly after applying the imiquimod cream, and try to avoid contact with your eyes.

When using imiquimod, you may experience a degree of local redness or irritation around the individual actinic keratoses spots. This is an expected response and shows that the medication is working. If there is excessive irritation, then the treatment can be withheld for a few days and then restarted after the reaction subsides.

Imiquimod cream offers a significant advantage in the treatment of actinic keratoses by avoiding surgical approaches or liquid nitrogen. It may prevent additional lesions from developing. Please call the office if you have any problems using the medication. Please ask me any additional questions before you leave the office.

INSTRUCTIONS FOR CARE OF THE BIOPSY SITE

1. Keep the band-aid on overnight. After that, a band-aid is optional depending on the area involved and any irritation which may develop from clothing.
2. If you use a band-aid, apply a thin layer of plain Vaseline or Aquaphor before the band-aid to keep the area moist. If possible, rotate the angle of the band-aid each time it is changed to avoid a reaction to the adhesive.
3. If you do not use a band-aid, apply a thin layer of Vaseline or Aquaphor three to four times per day to keep the area moist.
4. The Vaseline or Aquaphor makes it easier for the wound to heal by keeping it moist instead of letting it dry out.
5. There are no restrictions after having this test. You may use soap, shower, bathe, or swim if you wish. Be sure to dry the area well afterward and then apply plain Vaseline or Aquaphor.
6. Rarely the biopsy site may bleed. If this happens, apply direct pressure until it stops. If there are any further problems, please call the office.
7. It would be best not to use Neosporin (triple antibiotic ointment) or Polysporin (with Bacitracin) because there is a slight possibility of becoming allergic to it, if it is applied to an open area. Plain Vaseline or Aquaphor work best.
8. These instructions should be followed until the area feels smooth compared to the nearby skin (or until the scab or crust falls off).
9. Our office will notify you about your biopsy results as soon as the report is available. This notification could be via a telephone call, a report sent in the mail or via My Chart if you are registered. You will always be contacted with the results so if you have not received an update within 2 weeks please call to let us know.

INTERTRIGO (SKIN FOLD RASHES)

Intertrigo is a term that is used to describe rashes, which can occur in the skin folds. The skin fold areas on the body include under the arm, in the groin, under the breasts, and in the backside crease. In these areas, the skin can rub against the skin, creating friction and irritation. In addition, there can be perspiration, especially in times of warmer weather. These factors lead to the initial step, which is the irritation in the skin.

All patients have normal germs on the skin. These are bacteria and yeast, which are, present and do not produce any problems. In the skin fold areas these germs can become a problem when the skin is irritated. That is, the germs sit on top of the irritated skin and impede the healing.

In order to treat a skin fold eruption, two medications are used. The first medication treats the irritation, redness, and itching aspect of the problem. The second medication treats any of the germs that sit on top of the skin that are impeding the healing. Most patients find it easier to mix small amounts of the cream in the hand and then apply the creams to the area. The specific creams that you use will be based on the exact type of problem you have.

Skin fold rashes can come back, especially during times of hot humid weather. Some patients are more prone than others to develop these problems.

Fortunately, intertrigo or skin fold rashes are a minor irritation type of problem. The prescription creams that are used are quite effective in controlling them.

If you have any other questions about this problem, please ask me before you leave the office.

INTRALESIONAL THERAPY

Intralesional therapy is one of the most effective treatments for localized skin conditions. Intralesional means that the medication is placed directly into the lesion. This is injected with a very small needle. The medication is called triamcinolone and works very well to decrease the local swelling and inflammation. There may be a slight amount of discomfort when it is administered since it is done with a tiny needle.

The triamcinolone medication used in this type of intralesional injection is related to the cortisone that your own body makes every day. Cortisone has many effects. One of the effects of cortisone is anti-inflammatory. That means it helps red, inflamed and itching skin conditions. These injections concentrate the anti-inflammatory effects of cortisone and reduce any other potential cortisone side effects.

The advantage of this type of injection is that a small amount of medicine is released daily into the affected area so hopefully there will be a lasting effect of weeks to many months.

Other than the minor discomfort associated with giving the shot, there is one other possible side effect. Very occasionally the fat around the injection site can atrophy. You would notice a slight depression of the skin where the medication was injected. This depression usually goes away on its own, but it can take up to several months to resolve.

An intralesional injection of triamcinolone is one of the most effective treatments for various skin conditions. This is why I suggested this treatment be given. If there are any other questions about this, please ask me before you leave the office.

INTRAMUSCULAR TRIAMCINOLONE (KENALOG)

An intramuscular injection of triamcinolone (Kenalog) is one of the most effective treatments for severe or itching skin conditions. An intramuscular injection is given in the backside. There is a very slight amount of discomfort when it is administered.

The medications used in this type of intramuscular injection are related to the cortisone that your own body makes every day. Cortisone has many effects. One of the effects of cortisone is anti-inflammatory. That means that it helps red, inflamed and itching skin conditions. These injections concentrate the anti-inflammatory effects of cortisone and reduce any other potential cortisone side effects.

The advantage of this type of injection is that a small amount of medicine is released daily so that there will be a lasting effect of weeks to many months. In most cases there is fairly rapid relief of the symptoms.

Other than the minor discomfort associated with giving the shot, there are two other significant minor side effects. If a woman receives this injection, it can offset the next menstrual period. That means the period could come slightly later or slight earlier or the menstrual flow could be slightly lighter or heavier than usual. This only happens for one cycle. The other problem, which can occur, is a tendency for the skin to bruise on the arms. This often happens in older patients if the injections are given quite frequently.

An intramuscular injection of triamcinolone (Kenalog) is one of the most effective treatments for various skin conditions. This is why I suggested this treatment be given. If there are any other questions about this, please ask me before you leave the office.

IRRITANT CONTACT DERMATITIS

Irritant contact dermatitis is a skin condition, which consists of red, dry, scaly, inflamed and itchy areas. The dermatitis refers to the actual appearance of the skin. Contact refers to the fact that something has come in contact with the skin, which produces the dermatitis. Irritant refers to the fact that the material and/or materials coming in contact with the skin can produce a low-grade irritation.

Irritant contact dermatitis normally occurs when a number of factors intervene together. It is more common when the skin is dry to begin with such as in people with inherited forms of eczema or in the wintertime. In addition, forced air heating produces low relative humidity and this predisposes the skin to irritation. We all come into contact with products, which may contribute, to the irritation of our skin such as shampoos, soaps, detergents, and various work-related materials. It is important to realize that it may not be one specific product, which is producing the problem, but a combination of all different products together along with the current environmental conditions.

Irritant contact dermatitis is treated with various topical medications. Cortisone creams rubbed in the skin help significantly in reversing the changes in the skin. It may take quite a while for the skin to heal completely even though it looks normal. It is not uncommon for dermatitis to come back to a small degree. Usually the prescription creams I will prescribe are rubbed into the skin twice a day, once in the morning, once at night. As the condition improves, the cream can be applied less frequently.

Because this type of problem occurs due to a combination of factors, it may be a one-time event and may never return. If the problem continues to come back, it may be necessary to do further testing. If you have any other questions regarding this condition, please do not hesitate to ask me.

ISOTRETINOIN, THE FINAL VISIT

Isotretinoin (Various brand names - Sotret, Claravis, Amnesteem, Absorica) is one of the most effective treatments for severe acne. Hopefully, you found this to be true and are satisfied with the results. Some people take isotretinoin for a few months and some people for longer periods of time. However long you have been taking it, there are a few things that you need to know about your final visit today.

Today you will be given a final prescription. As with all isotretinoin prescriptions, this must be filled within the 7-day time limit. Make sure that you take ALL of the pills you have, both the new prescription and any you have left at home. It is important to finish these because your therapy is based on a cumulative dose which is calculated; not a final stop date. Taking the proper amount increases the chance for the acne staying away.

It is important to understand that isotretinoin is not a 100% cure. Nearly all patients who complete a course of isotretinoin may experience an occasional breakout after the treatment. Hopefully, any breakouts are minor and go away quickly on their own. For any breakouts that you do have, you can use the clindamycin lotion that you have already been using. The clindamycin is more effective when combined with an over the counter 5% benzoyl peroxide containing gel. This combination works very well for prevention and for any minor breakouts. If you find that your skin is breaking out more, please contact my office for another appointment.

As part of your treatment, I am sure you had some minor side effects including dry lips and dry skin. All of the isotretinoin related side effects go away fairly quickly after stopping the medication. Sometimes it takes a few weeks for this to fully resolve. I would suggest that you continue to use the products that you were using until the dryness goes away completely.

Many patients with severe acne notice that they have had oily skin. While on isotretinoin, your skin is not as oily as it had been. Usually the skin oiliness does return, but may not completely return to the degree it was before. Most patients find this is an additional benefit of the treatment.

If you have not taken isotretinoin for 30 days, there are no restrictions on becoming pregnant. Isotretinoin is a water-soluble medicine and it is actually out of your system in a few days. The current recommendation for women is to wait at least one month after finishing isotretinoin before considering pregnancy or attempting to conceive.

Again, I hope that you have experienced a significant improvement with the treatment. Please finish all of your pills, and if you have any problems, please do not hesitate to contact me or make another appointment.

ISOTRETINOIN THERAPY

As we have already discussed, isotretinoin (Various brand names - Sotret, Claravis, Amnesteem, Absorica) is one of the most effective treatments for severe acne. All patients who take isotretinoin experience some minor, bothersome side effects. There are some simple things you can do to make these problems much easier to live with.

The major problem is dryness of the lips. Essentially this is a chapped lip problem. The treatment is using a lip therapy as many times a day as necessary. Some patients use the therapy three or four times whereas other patients find it necessary to use up to 20 times a day. My suggestion is to purchase three or four of the Vaseline Lip Therapies or Blistex-type products and to keep one with you at all times. If you happen to forget the medication for a day or two the lips can get so chapped as to crack and bleed. All of this is preventable if the medication is used regularly.

Another problem, which some patients develop, is dryness inside the nose. If a small scab develops and falls off there could be a minor nosebleed. This can be prevented very simply. Apply Vaseline or Aquaphor to the nose once or twice a day with your little finger or a Q-tip. These are over-the-counter ointments, which can be purchased in any drugstore.

Another side effect is dryness of the skin, which can develop anywhere but is common on the face and arms. By applying an over the-counter moisturizer to the areas once per day after a shower, this problem can be prevented.

Many patients taking isotretinoin develop minor aches and pains in the neck, back, or other areas. This is also a minor side effect, which in most cases goes away despite continuing the treatment. You should continue your normal activities. If the discomfort worsens, you may take aspirin or Advil. If this persists or you develop other side effects, you should call me on the telephone or point it out to me at your next visit

Recently there have been reports of skin fragility with isotretinoin. This developed when women had waxing performed for hair removal. Because these women were taking isotretinoin at that time, the waxing caused a superficial peeling of the skin. The skin in the areas where the waxing was done was red and raw for a few weeks but did heal. My suggestion would be to not have any waxing, sugaring, or hair removal procedures done while you are taking isotretinoin.

Isotretinoin prescriptions are unique. Refills are not allowed. They must be filled within 7 days of the date it is written or the pharmacist cannot honor it. Please take your prescription to the pharmacy immediately, even if you have some left at home.

I am sure you will be very pleased with the results of the isotretinoin (Accutane) treatment. By following the simple measures above, these bothersome side effects are easy to live with and should not interfere with your day-to-day activities. Other potential rarer side effects will be discussed separately.

ITRACONAZOLE (SPORANOX)

Itraconazole is an antibiotic used to treat superficial yeast and fungus infections of the skin and nails. This medication is normally taken on a once or twice per day basis depending on your condition. Unfortunately it is quite expensive.

The majority of patients who take Itraconazole have no side effects. Like any medication there are potential side effects such as stomach upset or an allergic reaction. These reactions are not common with this medicine.

The duration of treatment with Itraconazole depends on the condition that is being treated. For example, many superficial skin infections require only one to four weeks of therapy. If however you are treating a nail infection, it may require three to twelve months of treatment.

Itraconazole is often used to treat fungal nail infections. In order to treat this problem the medication is taken in a specific way known as pulse therapy. That is the pill is taken twice a day for one week and then not taken for the next three weeks. This cycle of one week on and three weeks off is repeated until the nails are completely clear. The reason this is effective is because the pill forms a reservoir in the nail and allows it to continue to work even if it is not taken on a daily basis. Therefore the pill is taken twice a day for one week and not taken for the next three weeks and this cycle repeated again.

It is important to realize that this medication can interact with other medicine. The most important interaction is that Itraconazole can increase the blood levels of Hismanal and Viagra. Hismanal is a commonly prescribed antihistamine medication that does not cause drowsiness. It is very important that you notify your physician that you are taking Itraconazole if he will prescribing any other medication.

Other medications that can interact with Itraconazole include: Coumadin, Cyclosporin, Digoxin, Dilantin, Propulsid, Mevacor and Zocor (cholesterol lowering medication) and Halcion and Valium (anti-anxiety medication). Also antacids can interfere with the absorption of Itraconazole. If you are taking any of these medications, please let me know.

Like most other medications, pregnant or nursing mothers should not take Itraconazole. If there is a chance you are pregnant, please stop this medication and call the office.

In summary Itraconazole is a safe and effective medication in treatment of superficial yeast and fungus infections. If you have any other questions about these medications, please do not hesitate to ask me before you leave the office.

IXEKIZUMAB (TALTZ)

Ixekizumab (Taltz) is a promising new treatment approved for psoriasis. It is one of the new classes of drug called biologics. These drugs are engineered from proteins produced by living cells. This medication specifically targets a substance called IL-17A, which is responsible for producing much of the inflammation, redness, and scaling of psoriasis and psoriatic arthritis.

In the past, psoriasis was treated with either local treatment, such as creams or ointments, or whole body treatment, such as phototherapy or oral medications. In many cases, these treatments were effective, but in many cases are not successful or produce side effects.

Medications which block the IL-17 pathway are a major advance in psoriasis and psoriatic arthritis treatment. This appears to be the main pathway that drives psoriasis. Initial findings suggest these are the most effective medications ever developed for psoriasis and as a bonus have extremely few side effects.

Ixekizumab is a medication that is self-injected once or twice per month. The administration is quite easy to perform and we will instruct you on the proper way to do this. All of the materials for injection are supplied with the prescription.

Before the treatment is started, a PPD test may need to be performed on the skin of your arm. This is a test which detects prior exposure to tuberculosis. If this test has not been done already, it can easily be performed in our office. Although there have not been any problems, there is a chance that ixekizumab can have effects on your blood, liver, and kidney, and thus blood tests are periodically monitored.

Side effects of the medication are rare, with the majority being mild in intensity. The most common side effects include diarrhea and cold-like symptoms. As with any medication, there are potential allergic reactions. Because ixekizumab works on areas of the immune system, there are theoretical risks for increased infections and lymphoma. This requires you to be aware of your general health and report any problems, such as a lingering cold or fever. There have been reports of worsening Crohn's disease / Ulcerative colitis in people taking ixekizumab, so please let me know if you have ever had this condition. The cap of the medication contains latex, so please also let me know if you have a latex allergy.

Ixekizumab is a medication which is a major advance over the previous treatments for psoriasis. It seems to work better than the conventional treatments with fewer side effects. If you have any further questions regarding this medication, please ask me before you leave the office.

JEAN STUD DERMATITIS

Jean stud dermatitis is a fancy medical term referring to a form of an allergic dermatitis caused by nickel. The word dermatitis refers to the red, inflamed, itchy skin that occurs in the area. The term eczema is often used interchangeably with the word dermatitis. The jean stud refers to one of the potential sources of nickel. In most blue jeans there is a metal stud on the inside of the pants, which rubs against the area just below the belly button. This is where the problem occurs.

Jean stud dermatitis is a form of nickel allergy. Many patients are allergic to nickel metal, especially women. This often occurs when there is exposure to nickel by ear piercing. In some cases, however, it can simply develop from contact with nickel on the skin. Many forms of jewelry, including rings, necklaces, bracelets, as well as earrings, contain nickel. The snap in blue jeans also contains nickel, hence the term jean stud dermatitis. In babies with nickel sensitivity, spots of dermatitis develop where the snaps on their “onesies” touch their skin.

Skin reactions in nickel allergic dermatitis range from tense blisters to the dark and rough skin that occurs around the belly button due to repeated exposure to nickel in the jean stud. It can be quite itchy. Often people do not associate the rash on their abdomen with a reaction they had before to cheap jewelry but these are caused by the same condition.

The treatment for nickel allergic dermatitis is the avoidance of nickel. Only gold or sterling silver jewelry should be worn. You should not buy jeans with metal studs. If this cannot be avoided, a patch of material should be sewn over the stud on the inside of the blue jeans so it does not come in contact with your skin. Covering the jean stud with nail polish or a band-aid does not work and there is still significant nickel exposure.

To treat the skin reaction that has already occurred you may need to use topical medication that I will prescribe. Some of the chronic thickening that can occur if there has been prolonged exposure to nickel may require a long period of time to reverse.

Most cases of jean stud dermatitis and nickel dermatitis can be easily treated. If you have any other questions regarding this condition, please don't hesitate to ask before you leave the office.

KEFLEX (CEPHALEXIN)

Keflex is an oral antibiotic that is taken for many skin conditions. In most cases this is taken three to four times a day. Most people who use this medication do not have any side effects.

Keflex is an antibiotic, which is known as a cephalosporin. It is a derivative of penicillin but can be taken even in patients who have penicillin allergies.

Most patients who take Keflex do not experience any side effects. As with any medication there is a slight chance of an allergic rash developing. If this would be the case, please stop the medication and call my office immediately.

As with any internal antibiotic there is a slight chance of stomach irritation, cramping, or a vaginal yeast infection in women. These are quite unusual with Keflex. If you develop any possible side effects please call my office.

Keflex is a medication, which is absorbed well under all circumstances. It can be taken on a full or empty stomach. It does not cause sun sensitivity.

As above, Keflex is a very effective antibiotic for many skin conditions. I will let you know how many times per day to take the medication. If you have any other questions about this medication, please ask me before you leave the office.

KELOID (HYPERTROPHIC SCAR)

Keloids and hypertrophic scars are greatly enlarged scar tissue that project above the skin surface. Skin heals by formation of scar tissue, which at first is often red and somewhat prominent. As the months pass, a scar usually becomes flat. Unfortunately scars may enlarge to form firm smooth hard growths called keloids or hypertrophic scars.

No one knows exactly why keloids form. While most patients never form keloids, others develop them after minor injuries and even after insect bites or pimples. Keloids may form on any part of the body although the upper chest and upper back are especially prone to keloid formation. Some patients develop keloids after having their ears pierced. Dark skin persons form keloids more easily than light skin persons.

Fortunately keloids are only a cosmetic nuisance and never become malignant or affect your internal health.

There is no magic cure for keloids. Surgical removal of the keloid usually results in a second keloid even worse than the first. The best treatment is to inject a long acting cortisone into the keloid itself. After the injection the keloid usually becomes less noticeable and flattens in one to two months. The injection can be repeated after two or three months if necessary.

Another treatment is the application of a special silicon gel. This is left over the keloid for many weeks to even months. This treatment often helps with flattening the keloid significantly.

Normally keloids can be helped but not taken away completely. If you have any other questions regarding this problem, please do not hesitate to ask before you leave the office.

KERATOSIS PILARIS

Keratosis pilaris is a common skin condition. It affects children and adults of all ages. It is often associated with eczema, dry, sensitive skin, asthma, or hayfever. Sometimes a person will only have keratosis pilaris and other family members have one or more of the other conditions.

Keratosis pilaris refers to a rough feeling of the skin, which tends to occur on the cheeks, the outer aspects of the upper arms and the front of the thighs. There are small white bumpy type areas and redness in between. It is best thought of as an exaggeration of the normal follicle pattern in the skin. The word keratosis refers to rough skin. The word pilaris refers to the bumpiness.

Keratosis pilaris is only a skin condition. It is not associated with any internal problems. It is simply a sign of having slightly sensitive skin.

Fortunately, treatment is available to control the problem but there is no true cure for the condition. The treatment normally involves the daily use of a mild soap/cleanser and the application of a lotion after the shower or bath.

There are a few different kinds of medications that help. Some of the more commonly used products are ammonium lactate lotion (Lac-Hydrin), Cerave SA lotion, Gold Bond rough and bumpy, and Cetaphil lotion. I will provide a specific recommendation but more important than the actual lotion is getting into the habit of using it regularly. As the condition improves, the frequency of using this medication can be decreased.

Keratosis pilaris often improves on its own in the summertime because of the increased relative humidity. It can recur at various times of the year and the treatments can be restarted. In general the problem tends to improve over time and often can disappear completely but it may take months or years for this to happen.

LAMISIL (TERBINAFINE)

Lamisil is an antibiotic, which is taken internally for the treatment of fungal infections of the skin. It is safe and effective. Lamisil is taken in a dosage of one tablet per day. It is best to take the tablet at the same time each day so that you get into the habit of taking it regularly. It does not matter whether you have a full or empty stomach as these pills are absorbed well under all circumstances. Fortunately they do not usually cause any stomach upset or nausea as other types of antibiotics can produce.

Lamisil tablets are remarkably safe even when taken for prolonged periods. When Lamisil is used for skin infections it is often taken for two weeks. In the case of fungal nail infections, it may be necessary to take this medicine for six weeks or longer depending on the areas that are involved.

Occasionally people taking Lamisil have developed an allergic type of rash. This is very unusual. If it would develop, please stop the medication immediately and call my office. As with any medication, Lamisil can produce headache, diarrhea, stomach upset or hives. These are quite uncommon with Lamisil. If you are not sure please call the office about any possible side effects.

Lamisil interacts with very few other medications. If you are taking Tagamet, which is a medication for stomach or ulcer problems, or cyclosporine that is used for kidney transplant patients, please let me know. Pregnant and nursing mothers should not take this medication.

The brand name Lamisil medication was very expensive. Most insurance companies imposed difficult prior authorization requirements and many patients could not receive this therapy. Recently the same terbinafine tablets have become available generically. Target and Walmart pharmacies are offering a one month supply for \$4.00. If you have any trouble filling your prescription please take it to one of these pharmacies. This will insure you receive the best medication for your problem.

As noted above, Lamisil is a safe and effective medication for the treatment of many skin fungal infections. If you have any other questions regarding this medication, please ask before you leave the office.

LATISSE

Latisse (bimatoprost ophthalmic solution 0.03%) is the first and only FDA approved medication to aide in growing longer eyelashes. It works by increasing the number of eyelashes that grow and the length to which they grow. The result is that eyelashes may grow longer, thicker, and darker.

The active ingredient in Latisse was originally used in an eyedrop to treat glaucoma (high eye pressure). Doctors noticed that one of the common ‘side-effects’ from using this eyedrop was the development of more luxurious lashes. After this discovery, Latisse was re-formulated for use in people with thin or sparse eyelashes.

To apply Latisse, follow these few simple steps:

- 1.) Clean your face to make sure that all make-up, oils, and other facial products have been removed. Remove your contact lenses.
- 2.) Remove the applicator from its tray. (Always use a sterile applicator). Then, holding the sterile applicator horizontally, place one drop of Latisse solution on the area of the applicator closest to the tip, but not on the tip.
- 3.) Immediately draw the applicator carefully along the skin at the base of the upper eyelashes (where the eyelashes meet the skin) just as you would apply a liquid eyeliner. This area should feel lightly moist without any runoff.
- 4.) Blot any excess solution beyond the eyelid with a tissue.
- 5.) Throw away the applicator after one use. Repeat for the opposite eyelid with a new sterile applicator.

Only use Latisse once per night. If you forget, don’t try to make it up (“play catch up”) the next day by applying it twice. Full results typically take 12 to 16 weeks. Before and after pictures may help you notice the difference. If you stop taking Latisse, your lashes will slowly return back to their original length and thickness.

Side effects from this medication include itchy and red eyes, which may disappear as you get used to the product. If these symptoms last, though, please call the office. Also, skin darkening, dry eyes, and redness of eyelids have been reported.



LICHEN PLANUS

Lichen planus is a skin problem of unknown cause. It produces red to purple slightly scaly spots in the skin. Most commonly, these are located on the arms and legs. In certain cases it can involve other areas including the mouth. Lichen planus is a descriptive term, which was initially used because of the resemblance of the skin problem to a certain type of a lichen plant. The planus part of the name refers to the fact that the bumps are flat on the top.

Unfortunately the root cause of lichen planus is not known. At times it can be a reaction in the skin to an internal medicine or infection. Fortunately lichen planus is a self-limited skin condition that tends to clear completely with time. It can produce significant itching in the skin as the main symptom

There is effective therapy for this condition in most cases. Depending on the severity of the eruption, creams, pills or shots are used. At times, a special type of phototherapy known as narrow band UVB phototherapy is available. Your treatment will be individualized based on the severity of the problem

Lichen planus is not cancer, an infection, or serious. It is a bothersome problem because of the itching and the marks it can leave in the skin after successful therapy. Lichen planus is well known for this after the fact discoloration which can remain for many months but with time usually fades..

If you have any other questions about this condition, please do not hesitate to ask me.

LICHEN SCLEROSIS ATROPHICUS (LSA)

Lichen sclerosis atrophicus (LSA) is an uncommon skin disorder that can develop in people of all ages but is most common in young children and women. It often occurs in the private area but may develop on any part of the body.

Lichen sclerosis is a long and confusing name, which is simply a description. The term lichen refers to the flat spots that are on the skin. The terms sclerosis and atrophicus refer to the white, somewhat shiny or scar-like appearance of the condition in certain areas.

Lichen sclerosis often starts as small white spots on the skin, which can progress to larger patches of skin that are thin and crinkly. In severe untreated cases, scarring is present. Most patients who have this problem do not have any symptoms. If there are symptoms, it is usually itching. If the problem does itch, chronic rubbing and scratching can create open areas. If the condition occurs in the private area, urination or sexual intercourse can occasionally create problems. In most cases, there are no symptoms at all.

The cause of lichen sclerosis is unknown. It is not contagious. It is not an infection. It is not associated with any other disease. In some cases a small test of the skin is required to confirm the diagnosis.

Many patients with lichen sclerosis do not need any treatment because the symptoms are mild and usually go away with time. If there is itching topical therapy is often prescribed to the affected areas. If lichen sclerosis occurs in the private areas of the skin, specialized treatment is often required. There are also creams but they need to be used properly to obtain maximum benefit and to avoid any side effects. I will individualize your treatment based on your specific problems.

Although lichen sclerosis is not truly curable it is usually entirely controllable. Again, the treatment will be individualized in your case. In most situations the topical medication is used regularly for a period of a few weeks. Thereafter it is tapered to one or two times per week.

If you have any other questions regarding the lichen sclerosis condition please do not hesitate to ask before you leave the office.

LICHEN SIMPLEX CHRONICUS (LSC)

Lichen simplex chronicus is a form of eczema in the skin. It produces red inflamed scaling and itching areas. The first part of the word lichen refers to the fact that the area is slightly raised. The second part of the word simplex means it is the simple form of the condition. The third word chronicus refers to the fact that the problem tends to be present for many months or in some cases years.

The exact cause of lichen simplex is unknown. In many cases the problem, which caused the original skin condition, has long since gone away. The original condition, however, set up a pattern where the skin was itched and scratched. This caused more itching and more scratching. Eventually this creates an itch/scratch cycle, which allows the condition to persist. This is despite the fact that the original problem is gone. In many cases, nerves and stress contribute to this itch/scratch cycle.

Patches of lichen simplex can be seen in any area of the body. Some of the more common areas are the neck, private area, and around the ankles. Some patients have only one spot on the skin. Some patients have a large number of areas.

Lichen simplex is not a sign of an internal problem. It is not a sign of cancer or any contagious skin problem.

Fortunately, lichen simplex can be controlled in most cases. There is no true cure for the problem but medication I prescribe often helps significantly. Treatments include various creams, which are applied to the skin, pills, which control the itching part of the problem, and injections into the affected areas. I will determine what is the best treatment for your individual case.

Lichen simplex can be a frustrating condition but in most cases therapy is available which helps significantly in treating it. If you have any other questions regarding this problem, please ask me before you leave the office.

Lichen Striatus

Lichen striatus is an uncommon form of a skin condition that usually occurs in children. Lichen striatus begins with the sudden appearance of small bumps that are red, pink, or skin-colored. Within a few days or up to several weeks the bumps expand to form a long streak or linear band. The cause of lichen striatus is unknown.

These linear lesions are usually seen on the arms and legs and are pink, tan, or white in color. Usually only one extremity is involved. Nail involvement may occasionally happen.

Lichen striatus occurs most often in children ages 5-15 but may occur at any age. It appears that it is more common in girls than in boys. Lichen striatus is not dangerous, nor is it a sign of internal disease. Lichen striatus is not contagious and thus cannot be spread to others.

Patients with lichen striatus are usually asymptomatic, and would not know the lesion was there besides the physical appearance. The most common complaint is mildly itchy skin, in the area of the eruption.

There is no specific treatment for lichen striatus. In most cases the rash will resolve spontaneously within one to two years. At certain times applying prescription creams may be helpful, especially if the area is itchy.



LIPODERMATOSCLEROSIS

Lipodermatosclerosis is a long and fancy medical name for a skin condition which tends to occur on the lower legs. The term is derived from the individual components of the word. Lipo refers to the fat layer of the skin and dermato refers to the skin layer of the skin. These are the areas that are affected by this condition. The term sclerosis refers to a scarring process. In essence this condition produces scarring of both the skin and the fat which leads to the bound down tight feeling skin of the lower legs.

This condition normally is present on the lower legs around the ankles. The surface can appear red or discolored. The skin feels firm. In some cases small hard areas develop on top of the skin within the areas affected. Sometimes it causes difficulty in moving the ankle because of stiffness and pain. The condition is most uncomfortable when you are on your feet for long periods of time.

Lipodermatosclerosis is related to another condition called stasis which refers to poor drainage of blood through the veins in the legs. Varicose veins, swelling and darkening of the skin areas are also associated with this condition. Patients may have a history of phlebitis or skin ulcers in the area. Some people have had leg infections in the past.

Lipodermatosclerosis is a difficult problem to treat. The only reliable therapy is the regular use of compression stockings. These are the tight types of socks or stockings that help the veins drain blood from the legs. They are put on in the morning preferably while you are still in bed, worn throughout the day and then taken off while lying in bed before going to sleep. Compression stockings can improve some of the changes in the skin and reduce the risk for further infections or ulcers. These usually can be obtained in surgical supply stores such as Bensons. There are different sizes and strengths and I will determine which is best based on your condition.

Breaks in the skin can occur in patients with lipodermatosclerosis. Trying to prevent any injuries to the skin is important since the small breaks can lead to infection. In many cases a topical medication is used to keep your skin intact.

Some patients with lipodermatosclerosis benefit from oral medication such as aspirin or Trental. These medicines are so-called blood thinners and can help increase the circulation since this is often the main contributing factor in the condition.

As I noted above lipodermatosclerosis is a difficult condition to treat but it can often be controlled. If you have any other questions regarding the condition please do not hesitate to ask me before you leave the office.

LIPOMA

A lipoma is a benign growth. It normally appears as a lump or bump below the surface of the skin. It is a benign overgrowth of the normal fatty tissue.

A lipoma can occur anywhere on the skin surface. Some patients have only one growth, while some patients have many growths. Since lipomas are benign growths no treatment is usually required.

In some cases a lipoma may seem to be getting larger or become inflamed because of the location on the skin. If this is the case the lesion can be removed surgically. Exactly how it is removed depends on how big it is and where the lipoma is.

It is important to realize that this is a benign growth and will not affect your health in any other way. If you have any other questions regarding this growth, please ask me before you leave the office.

LIQUID NITROGEN TREATMENT

Liquid nitrogen is a cold, liquified gas with a temperature of 196°C below zero. It is used to freeze and destroy superficial skin growths such as warts and keratoses. Liquid nitrogen may cause mild stinging while the growth is being frozen and then thaws. The discomfort usually lasts less than five minutes.

Some hours after liquid nitrogen treatment your skin may become slightly swollen and red; later on it may form a crust, scab, or blister. The scab will fall off by itself in one to two weeks but will heal quicker if you follow the instructions below. The skin growth will come off along with the scab, leaving healthy new skin.

When the skin heals after the liquid nitrogen treatment, it is often slightly off color when compared to the normal skin. In other words the treated area may be slightly darker or lighter than the normal skin. Some patients tend to develop white areas where the liquid nitrogen was used. In most cases this is reversible but these color changes can persist.

If your growth requires slightly deeper freezing to remove, there may be a more exaggerated blistering and swelling response. The blisters and swelling are part of the treatment and will gradually heal by themselves.

Sometimes liquid nitrogen treatment fails. If the growth is not cured by liquid nitrogen, please make a return appointment.

It is important to treat the areas at home to allow for quicker healing after the liquid nitrogen therapy. Vaseline or Aquaphor should be used on the area at least twice per day, once in the morning and once at night. Some patients prefer to put a Band-Aid over the area which can protect from external rubbing but this is not essential. The Vaseline or Aquaphor should be used until the crust or scab peels off.

LOBULAR CAPILLARY HEMANGIOMA (LCH) (PYOGENIC GRANULOMA)

A lobular capillary hemangioma is a long and fancy name for a common benign blood vessel growth. The term lobular refers to the fact that the growth is shaped like a small lobule or pimple. The word capillary refers to the small capillary-type blood vessels that make up the growth. The term hemangioma refers to the fact that it is a benign blood vessel growth.

A lobular capillary hemangioma is usually a single growth. Because it is made of blood vessels it is often red or purple in color. These types of growths can appear rapidly. Because they are made up of blood vessels they can bleed quite easily. It is sometimes difficult to get the bleeding to stop. As I noted above, these growths are harmless and never become malignant.

A lobular capillary hemangioma can occur at any age but is most common in younger patients. They can occur anywhere on the body.

The exact cause of a lobular capillary hemangioma is not known but the majority is felt to occur in response to a minor injury in the skin such as a scratch or insect bite. In one way it is an overgrowth of healing tissue, which is primarily formed of blood vessels.

Because these growths appear rapidly and bleed easily, treatment is usually indicated. This is easily accomplished in the office by one of several removal methods. I will determine what is the best removal method based on your specific growth.

Pyogenic granuloma is a term that was previously used to describe these growths. This is for your information in case another doctor has told you this name.

As noted above, these types of blood vessel growths are benign and normally easily removed. Rarely, do they come back after the initial removal. If you have any other questions, please ask me before you leave the office.

MALE-PATTERN BALDNESS (androgenetic alopecia)

Male-pattern baldness is a specific type of hair loss characterized by gradual hair thinning that affects the crown and frontal areas of the scalp. Most often, the hairline around the temples slowly regresses, producing an M-shaped hair pattern in front. The hair in areas affected by hair loss consists of various lengths and thickness. Hair of uneven lengths and texture is the classic sign of male pattern balding.

A hair follicle is a structure that encases the lower part of the hair shaft and is responsible for new hair growth. All of a person's hair follicles are present at birth. Follicles produce single hair strands in a repetitive cycle. The growth phase lasts 2-3 years, upon which time, growth ceases and a resting phase ensues. After the resting phase is complete in 3-4 months, the hair is shed and the next growth cycle begins. It is normal for people to lose between 75-100 hairs per day.

In people with male pattern baldness, some of the hair follicles have a shorter than normal growth phase and produce hair shafts that are shorter and thinner. As time goes on, the hair becomes progressively shorter and thinner, until an area on the scalp develops that *appears* "bald". Baldness therefore is a progressive miniaturization of the hair each follicle produces. Since all of the follicles are still present there is always hope that this process can be reversed.

Male-pattern baldness occurs due to hormonal changes in the individual hair follicles themselves and is a result of a person's genetic make-up. However, it is very difficult to predict if an individual person will go bald because there are many different genes and factors inherited from *both parents* that may lead to the trait.

There are several medications and procedures for the treatment of male-pattern baldness. Minoxidil (Rogaine) is a liquid preparation applied directly to the scalp that promotes hair growth by lengthening the growth phase of hair follicles and causing more follicles to produce hair. Finasteride (Propecia) is a pill that is taken once a day by mouth. It works by inhibiting an enzyme that changes testosterone to its active form. The active form of testosterone causes hair loss in balding men. Finasteride may lead to an increased amount of hair covering more of the scalp. More in depth information on these medications is available in the office and will be provided for you if necessary.

Surgical options including hair transplantation and scalp reduction may be the preferred method of treatment for some patients. In hair transplantation, healthy hair follicles are moved from one part of the scalp to areas affected by baldness. In scalp reduction, bald patches of the scalp are removed and the remaining skin is sewn together.

If you have any questions regarding this condition, please ask me before you leave the office.

MELASMA

Melasma is a skin condition, which causes an increase in pigmentation on the facial skin. It usually affects the skin over the cheekbones but can involve the forehead, chin and other areas as well. Melasma is a condition, which causes a pigment change in the skin. It is not an indication of cancer, an infection or any internal illness.

Melasma is also known as the "mask of pregnancy". This is because one of the factors, which may cause melasma, is the hormonal stimulation that occurs during a pregnancy. Likewise, other hormonal stimulation such as birth control pill use or estrogen therapy can cause melasma to develop.

Melasma is related to three separate factors. The first is the hormonal stimulation, which I just mentioned having to do with pregnancy, birth control pill use or hormonal replacement. The second factor has to do with your genetic background. Patients who tend to have a darker complexion, such as Italian or Spanish people, are more prone to develop melasma. In some cases, other family members develop the problem.

The third factor related to melasma is sun exposure. Melasma usually gets worse in the summertime. It is extremely important to protect the darker areas from the sun because they will get worse if uncovered.

The treatment for melasma involves the use of a bleaching cream. The treatment response is slow so it is necessary to use the medication once or twice per day for many months. It is best to use the cream first on a small spot on your arm to make sure you are not allergic to it. After two days of use on the arm, it can be used on the facial skin. If this treatment does not work, then there are other types of cream treatment, which will then be used. When using melasma treatment it is extremely important to protect your skin from the sun because a day in the sun can wipe out a month of treatment.

In most cases melasma is strictly a skin problem, which can be helped significantly. If you have any other questions about this condition, please do not hesitate to ask before you leave the office.

METHOTREXATE PATIENT INSTRUCTIONS

I want you to read this concerning your therapy with methotrexate, a potent medicine which can be very effective in treating psoriasis and many other skin problems.

There is usually substantial improvement within 12-16 weeks but it can be much faster. Methotrexate, like all other medications, can have side effects. Most side effects can be detected before they become a problem, and for that reason I will keep you under close supervision, arranging regular visits and laboratory tests.

HOW TO TAKE METHOTREXATE

Methotrexate is given once weekly, rather than daily. This is different from most medications. The importance of this weekly schedule cannot be overemphasized. The once weekly dose is taken as a single dose, usually between 4-6 pills taken all together. Taking methotrexate more often or changing the dose schedule in any way can result in significant side effects.

It is my recommendation that methotrexate is always taken with folic acid. This is a vitamin which makes methotrexate safer. The folic acid is taken at a 1 mg dose every day.

Other medications you are taking may result in an increase in side effects or a decrease in the effectiveness of methotrexate. Tell me all the medicines you are taking, whether they are prescription or nonprescription medicines. The two medications of main concern are high dose aspirin and sulfa based antibiotics. Methotrexate can be taken with non steroidal anti-inflammatory agents such as ibuprofen (Motrin, Advil) or naproxen (Aleve) for joint pain

INFORMATION ABOUT SIDE EFFECTS

The most common side effects of methotrexate are loss of appetite, nausea (but rarely vomiting), diarrhea, abnormal liver test results (the periodic blood tests will check for this). These side effects do not occur for most patients and the folic acid vitamin usually will prevent them. If they develop they are usually temporary. If these or other problems develop, notify me promptly.

Methotrexate is known to cause birth defects. Pregnant or nursing women must not take methotrexate.

A side effect of long-term therapy (usually requiring many years of therapy) may be the development of scarring (fibrosis or cirrhosis) in the liver. This is more likely in patients who drink alcohol regularly. Rarely it may be necessary to take a small specimen of liver tissue with a needle (liver biopsy) to determine whether scarring is present.

SUMMARY

- 1) Follow your instructions faithfully.
- 2) Take your methotrexate dose on the same day of each week. Take folic acid once per day
- 3) If any side effects develop, notify me before the next dose of methotrexate.
- 4) Notify your other doctors about taking methotrexate before starting other medications especially sulfa antibiotics
- 5) Avoid alcoholic beverages.
- 6) Obtain the laboratory tests ordered usually done at the time of your visits.

MILIA (SUN INDUCED WHITEHEADS)

You have a condition, which many patients refer to as whiteheads. The technical name of these small bumps are milia. These are not related to surface clogged pores, acne, or washing your face improperly.

These type of milia are related to overexposure to the sun. This is not the sun exposure from the last year or two. This is the sun over your entire life. In fact most of the sun exposure occurred when you were 5, 10, or 20 years old. It is estimated that approximately 75% of our total sun exposure occurs before the age of 25.

What happens is that the sun can produce damage just below the surface of the skin. The pores tend to get clogged there and this is what produces the small whitehead type bump.

These milia bumps are not cancer or an indication of any internal problem. In general their appearance is the only reason why people are concerned about them.

There are various treatments, which can be helpful in this condition. These include topical medications, which are applied to the skin or the actual removal of the growths with various methods. I can discuss with you the best treatment for your case at the time of your visit.

Again these small whiteheads are growths known as milia. They are related to lifelong overexposure to the sun. There is certainly nothing to be concerned about and there is effective treatment.

If you have any other questions regarding these growths, please ask them before you leave the office.

MINOCYCLINE PATIENT INFORMATION

Minocycline (Minocin) is an antibiotic, which is taken internally. It is very effective for acne and other forms of skin conditions. Minocycline tablets are taken once or twice per day depending on your condition. It is best to take the tablets at the same time each day so that you get into the habit of taking them regularly. This is very important for any form of skin problem. It does not matter whether you have a full stomach or empty stomach, as these pills are absorbed well under all circumstances. Dairy products can interfere with these pills getting into your system. You can drink all the milk you want but drink water or juice when you take the pill. Fortunately Minocycline does not usually cause any stomach upset or nausea as other types of antibiotics can produce.

Although Minocycline is an antibiotic, many of its beneficial effects have been found to be related to its anti-inflammatory effects. In skin conditions, such as acne, there is a significant amount of inflammation present. This is what produces the redness and swelling in the lesions. Minocycline can help with this inflammation and this benefit has nothing to do with it being an antibiotic. Therefore, Minocycline is a type of medication that can be taken for prolonged periods because it is not working as an antibiotic.

Minocycline pills are remarkably safe even when taken for prolonged periods. As with any antibiotic, there can be rare side effects such as stomach upset, rash, allergic reactions or increased skin pigmentation. If any of these problems develop, please inform my office.

Occasionally Minocycline can produce a side effect, which is noted as a dizziness or lightheadedness in the first day or two of treatment. This problem usually disappears on its own while the pill is continued. If it would persist, please call my office so that I can change the medication.

As with any internal antibiotic, women can develop a vaginal yeast infection as a side effect. This only occurs in 1 or 2 out of 100 patients. You would notice this as itching and a vaginal discharge. If this problem would occur, please continue to take the antibiotic pill and call me for a prescription to treat the yeast infection.

It is best not to take this medication just before you go to bed. This is because people have complained of it getting "stuck" on the way down. This can cause some heartburn and discomfort. In order to avoid this problem the medication can be taken at other times during the day. If you do take it at night drink a large glass of water and wait one hour before lying down.

Minocycline interacts with very few other medications. Pregnant or nursing mothers should not take this type of medication.

If you have any other questions about your treatment with this antibiotic, please do not hesitate to ask me.

MIRVASO (BRIMONIDINE GEL)

Mirvaso is a new topical therapy that can be of significant benefit for patients who have redness on the face. Sun damage and rosacea are common conditions in adults. These may lead to red areas on the face with visible blood vessels on the surface of the skin. It is often noticeable on the nose, cheeks, and chin but can be anywhere on the face. This is a skin problem and not related to any internal problems. Some patients who have facial redness develop occasional pimple-like lesions as part of the rosacea condition. These often respond to the usual oral or topical medicines used to treat rosacea. Unfortunately, these medicines may not help the flat red areas on the skin.

Mirvaso (brimonidine gel) is a topical medication applied in a pea-sized amount to the red areas of the face once or twice a day. It is normally used in the morning. It is best to wash your hands after applying the medication. Try not to get the gel in your mouth or eyes.

Mirvaso gel works by reducing the blood flow to the skin by narrowing the blood vessels, a process called vasoconstriction. The effect of the Mirvaso gel in terms of decreasing the redness is somewhat temporary and the redness may return at the end of the day or by the next morning depending on when it is applied. It may not make your face appear less red permanently, but it is quite effective if it is used each day. Usually, there are no side effects with Mirvaso gel. Similar to any topical medicine, there are occasional cases patients who experience slight irritation. Fortunately, this is very uncommon. Mirvaso gel is currently available only by prescription.

If you have any other questions regarding the Mirvaso gel or the application, please let me know before you leave the office.

MOLE (NEVUS)

Moles are harmless skin growths that may be flat or protruding. The medical word for mole is nevus. They vary in color from pink, flesh tones to dark brown or black. Everyone has moles; some patients have quite a number while others have only a few. The number depends on your family background.

Moles begin to grow when you are very young. New ones can develop at any age. Once a mole appears it usually stays for life. A growing or changing mole in a young person is almost always harmless. On the other hand, if an adult's mole markedly changes in color, in size, or bleeds it should be checked. When you are younger all of your moles are flat and when you are older all your moles are raised. In other words moles do become raised with time. This is the normal growth pattern.

Most moles are harmless and safe to ignore. Moles may be treated under the following conditions:

1. A mole that has bled, has an unusual shape, is growing rapidly, or changing color noticeably is giving warning signs. A mole like this should be removed.
2. A mole that is irritated by your clothing, comb, or razor is usually only a nuisance, but it can be removed to prevent the irritation from continuing.
3. A mole that is unsightly can be removed because you do not like the way it looks.

Treating a protruding mole is a simple procedure. After the skin is numb, I can remove the projecting part of the mole with a special instrument. Normally, this portion is sent to the lab for microscopic examination. The area heals to leave a flat mark, which is sometimes slightly discolored.

Sometimes removing a mole requires surgical excision and stitches. The way the mole is removed depends on the location and its appearance.

Moles sometimes grow coarse hair, which may be safely removed by shaving or plucking. Permanent removal of the hair, which has roots deep within the mole, requires electrolysis or complete surgical excision.

The great majority of moles are harmless and best ignored. Protuberant moles that annoy you can easily be converted into flat areas by simple office surgery. Bleeding, rapid growth, unusual appearance, or sudden change are reasons that you should have a mole checked.

MOLLUSCUM CONTAGIOSUM

What is molluscum contagiosum?

Molluscum contagiosum consists of small, harmless skin growths caused by a virus. They are similar to the common wart. Molluscum resemble pimples at first. Later, when they enlarge, they often have a waxy, pinkish look and a small central pit.

Molluscum contagiosum can be spread from person to person by direct skin contact. It is harmless and never turns cancerous.

Treatment

There is no single perfect treatment of molluscum contagiosum since it is not possible to kill the virus with pills or cream. Individual lesions are treated by destroying the virus. This can be done via a scraping procedure, with liquid nitrogen, or with a blistering agent.

Sometimes new lesions will form while existing ones are being destroyed. New growths should be treated when they become large enough to be seen.

Molluscum lesions may become red and sore when the body tries to reject the virus. Sometimes a rash appears around the growths. These symptoms are harmless and can be safely ignored.

MORPHEA

Morphea, also known as localized scleroderma, is a somewhat uncommon skin condition in which the skin appears thick and white due to excess collagen production in the lower layers. Morphea lesions can occur in many different sizes and shapes. There may be multiple areas or you may never have more than one small spot of morphea.

Morphea is a localized condition which involves the skin. Occasionally, it can involve the nails and hair if it is in this area. It is not an indication of an underlying disease. Occasionally patients with morphea can experience joint aches again depending on the affected area. It is important to distinguish morphea or localized scleroderma from another condition called systemic scleroderma which is a more serious condition affecting internal organs. Patients with morphea do not have systemic scleroderma.

Morphea can begin in childhood or adulthood and is more common in woman than in men. It is not an inherited condition. The exact cause is unknown but it is felt to be a localized autoimmune skin problem where the body reacts against the skin producing the small white patches.

In some cases patients with morphea require a small skin test to have the affected area examined under the microscope. This is done by taking a small skin biopsy. It is not done to look for cancer but to determine the specific type of skin process. This type of information may be helpful in guiding treatment.

There is no single best therapy for morphea. In many cases treatment is not necessary since the problem can resolve on its own. In other cases topical medication is used to help decrease the local inflammation which may be causing the problem. There are various other treatments depending on the extent of your condition.

In general patients with morphea have a small number of lesions and it does not cause any significant health concerns. If you have any other questions regarding this condition please do not hesitate to ask before you leave the office.

MYCOPHENOLATE MOFETIL (CELLCEPT)

Mycophenolate mofetil (CellCept) is an oral medication that is a safe and effective treatment for many skin problems, including chronic dermatitis, eczema, psoriasis, and various conditions which can produce blisters in the skin.

The original use for mycophenolate mofetil (CellCept) was to prevent organ rejection in patients who received a kidney transplant. Our immune system produces a certain kind of white blood cell known as a lymphocyte that protects our body from foreign substances. Mycophenolate mofetil interferes with the action of these T cells from attacking the foreign organ and rejecting it. Some of the same types of T cells are overactive in many skin diseases such as dermatitis, eczema, psoriasis, and blistering skin problems. Therefore, mycophenolate mofetil (CellCept) can be effective in treating these conditions by preventing the overactivity of these lymphocytes.

Mycophenolate mofetil (CellCept) is an option for patients with skin conditions for whom the standard treatment has not been successful or there are side effects from the other treatments. Mycophenolate mofetil (CellCept) is often used in addition to other medications to try to prevent side effects from prolonged use.

Mycophenolate mofetil (CellCept) is a medicine that is usually very well tolerated. Like all drugs, there are potential serious side effects. Most patients who take CellCept do not have any problems. Occasionally it can produce some stomach upset, diarrhea, or headache. Usually these types of side effects will disappear even though you keep taking the medicine. CellCept can have effects on some of the blood counts, so it is important to have your laboratory tests monitored while you are on therapy. Due to the effects on the lymphocytes and the immune system, CellCept can rarely decrease your body's ability to fight infection. If you develop fever or an infection, you should contact my office. CellCept has been found to be safer for your liver and kidney than many of the other medications that can work in a similar fashion. While taking this medicine, you will be monitored for side effects.

The absorption of CellCept can be decreased by taking it together with Calcium supplements or antacids. Less of the CellCept will get into your system so it may not work as well as it should. You can take Calcium supplements and antacids, just take them at a separate time from the CellCept.

You should not take CellCept if you are pregnant or planning on becoming pregnant. CellCept can cause fetal abnormalities and birth defects. It is best to use two forms of birth control while you are on this medicine if there is any chance you could become pregnant. A second form of birth control is mandatory because CellCept can also interfere with the effectiveness of birth control pills.

In summary, CellCept is a medication which often works very well for certain skin conditions and is usually well tolerated. If you have any other questions regarding this, please ask me before you leave the office.

MYXOID (DIGITAL MUCUS) CYST

A myxoid cyst, which is also known as a digital mucus cyst, is a benign growth. In almost all cases, these growths occur on the ends of the fingers or toes. In most cases they are located at the joint or near the nail.

A myxoid cyst is a benign growth and never turns malignant. The cyst contains a clear gelatin-like material, which is easily expressed if the growth is punctured. In some cases, these growths are located near the root of the nail. If this is the case, the nail may appear abnormal because it presses on the root where the nail forms.

Since a myxoid cyst never becomes malignant, treatment is not necessary if it is not bothersome. In some cases, however, it does become bothersome because of the appearance or symptoms of pain and irritation. If the cyst needs to be treated, there are many different ways that this can be accomplished.

Types of treatment for myxoid cysts include liquid nitrogen, opening up the cyst and draining the contents, and surgical excision among others. Based on the individual appearance of your cyst, I will determine what the best treatment is in your case.

As noted above, a myxoid cyst is a harmless benign growth, which can occasionally become a problem due to its location. In most cases, these are easily treated. If you have any other questions regarding this, please ask me before you leave the office.

NARROW-BAND UVB PHOTOTHERAPY

Broad-band ultraviolet B (UVB) therapy has been an accepted form of phototherapy for 80 years; in fact, you may have been treated with broad-band UVB in the past. In addition to broad-band UVB, ultraviolet A (UVA) therapy, together with oral psoralen pills (PUVA) has been one of the other cornerstones of phototherapy programs going back to the 1970's. Both of these therapies have been very successful but they have limitations. Narrow-band UVB therapy is a new and exciting treatment in the realm of phototherapy and has replaced broad-band UVB therapy because it is more effective and probably safer.

Conventional fluorescent UVB (broad-band UVB) lamps emit a range of ultraviolet light rays that have therapeutic and nontherapeutic affects. With the advent of narrow band UVB lamps, only a small range of UVB wavelengths are emitted (311 to 313 nm). This is desirable because skin gets the greatest therapeutic effects from this narrow-band, with decreased undesirable effects from the nontherapeutic wave lengths such as burning, premature aging, and increasing the risk of skin cancer development. This narrow-band is most effective for the treatment of psoriasis and other skin conditions. Due to the fact that many of the unwanted light rays have been removed, larger treatment doses are able to be delivered to the patient, which generally translates to a speedier time for improvement.

In most cases topical medication is used along with the light treatment. It is important to use a petrolatum based moisturizer as directed by the phototherapy nurse. This helps smooth out the scaling and flaky skin and allows better penetration of the UVB light. The phototherapy nursing staff will provide instructions on the proper application of these products.

Many patients receiving phototherapy also use topical therapy to treat more stubborn areas or areas not exposed to the treatment such as the scalp or skin fold areas. This is determined for each individual patient

Narrow-band UVB light does not cause as much of a problem with sunburn as the broad band UVB but it can happen. Most sunburn reactions are only temporary and usually cause minor discomfort. Rarely patients can experience a significant sunburn with blisters. The light doses are controlled on an individual basis to minimize any discomfort and burning that may occur with the treatment.

The patients that may benefit from narrow-band UVB treatment include those patients who are resistant to broad-band UVB or PUVA as well as those who for medical reasons may not be eligible for PUVA. In addition, narrow band UVB may also be combined with many other psoriasis treatments including oral and/or injectable medications.

Narrow-band UVB is one of the most effective treatments for widespread psoriasis, chronic dermatitis (eczema), vitiligo and many other skin conditions. If you have any other questions regarding this treatment, please ask before you leave the office.

NECROBIOSIS LIPOIDICA DIABETICORUM (NLD)

Necrobiosis lipoidica diabetorum (NLD) is a disease of unknown origin. More than half of affected patients have diabetes but many patients with necrobiosis lipoidica do not have diabetes. Skin lesions may occur before the onset of diabetes and most commonly appear in the third and fourth decade of life. Women are affected more frequently than men and the front of the shins are the most common places involved. In some cases other parts of the body such as the abdomen and arm can be involved but this is uncommon.

Often, skin changes start out as reddish patches and slowly expand with time. The center turns yellow brown and at some point may take on a waxy appearance and even form sores that bleed. The diagnosis can be made due to the characteristic appearance of NLD but at other times a skin biopsy may be needed.

TREATMENT

Many types of treatment have been tried for necrobiosis lipoidica. Results are variable. Topical cortisone creams and ointments can often stop the growth of lesions. Sometimes injecting cortisone into the skin can also lead to improvement.

Other medicines that may be helpful include pentoxifylline (Trental), which helps prompt circulation, and aspirin, which prevents blood clotting. Some scientists feel that changes in small blood vessels in the skin are the cause of necrobiosis lipoidica.

One of the main aspects of treatment of NLD is the prevention of ulcers within the areas of involvement. The skin is sensitive and more prone to develop open sores. For this reason protecting the area as much as possible is helpful. If ulcers develop it is important to use the proper medication to speed the healing. This often involves soaking the area with lukewarm water and a washcloth and then applying a topical ointment. I will determine what the best treatment is in your case.

In rare cases cortisone medicines or stronger blood thinners need to be given by mouth. I will determine what the best treatment for your individual case of NLD. Please do not hesitate to ask me any questions before you leave the office.

NEURODERMATITIS

Neurodermatitis is a form of eczema in the skin. It produces red, inflamed, scaling and itching areas. The first part of the word, neuro, refers to the fact that the problem is often related to stress and/or nerves. The second part of the word, dermatitis, refers to the way the skin looks in terms of the redness and scaling. Eczema is another word that is used in place of dermatitis; therefore neurodermatitis is a form of eczema.

The exact cause of neurodermatitis is unknown. In many cases, the problem, which caused the original skin condition, has long since gone away. The original condition, however, set up a pattern where the skin was itched and scratched. This caused more itching and more scratching. Eventually this creates an itch-scratch cycle, which allows the condition to persist. This is despite the fact that the original problem is gone. In many cases, nerves and stress contribute to this itch/scratch cycle.

Patches of neurodermatitis can be seen in any area of the body. Some of the more common areas are the neck, private area, and around the ankles. Some patients only have one spot in the skin. Some patients have spots all over the place.

Neurodermatitis is not a sign of an internal problem. It is not a sign of cancer or any contagious skin problem.

Fortunately, neurodermatitis can be controlled in most cases. There is no true cure for the problem but the medication I prescribe often helps significantly. Treatments include various creams, which are applied to the skin, pills, which control the itching, and injections into the affected areas. I will determine what is the best treatment for your individual case.

Neurodermatitis can be a frustrating condition but in most cases therapy is available which helps significantly in treating it. If you have any other questions regarding this problem, please ask me before you leave the office.

NEUROFIBROMA (Solitary)

The term neurofibroma refers to a type of benign skin growth. These growths arise from cells that form the protective sheath around nerves underneath the skin. They are often slow growing and appear as flesh-colored or light brown bumps anywhere on the skin. Solitary neurofibromas frequently arise in adulthood and occur in approximately equal numbers in men and women. These growths may enlarge slowly over time but eventually stop growing and seldom reach any significant size.

The cause of neurofibromas is largely unknown. Neurofibromas can be single or can be multiple. People with one or a few neurofibromas have no genetic abnormalities and no internal disease.

Neurofibromas are not dangerous and usually cause no symptoms. Some patients report pain associated with these growths. This is more common with neurofibromas located on surfaces subject to pressure, such as the palms of hands. Painful neurofibromas may be removed without difficulty. Other potential reasons for removing neurofibromas are because of local irritation in the area or in the case of an uncertain diagnosis, in which the growth is removed and sent to a pathologist.

In summary, neurofibromas are harmless growths and should not be a cause for concern. If you have any questions, please ask me before you leave the office.

NEVUS SEBACEOUS

A nevus sebaceous is a medical term used to describe a fairly common benign growth in childhood. It is often present at birth but may develop in later childhood. The word nevus refers to a type of mole. The word sebaceous refers to oil glands. It is a type of mole composed of oil glands therefore it is called nevus sebaceous.

In most cases a nevus sebaceous is noticed as a slightly raised or flat yellowish area in the skin. It often occurs in the head and neck area but may be found on other areas of the body. If the growth is located in the scalp there may or may not be hair coming from the middle of it.

In many cases a nevus sebaceous is slightly raised or inflamed at birth because of the hormonal stimulation of the pregnancy. After birth the lesion usually flattens out and remains that way until puberty. The normal hormonal stimulation, which occurs during puberty, again causes the lesion to raise up. It may have a slightly bumpy texture.

Besides the oil gland component of a nevus sebaceous there are other normal skin elements present. At times a slightly raised portion may develop within a nevus sebaceous which requires treatment because it protrudes more from the skin. If there would be any changes in your growth please let me know.

It was formerly thought all nevus sebaceous type growths should be removed because there were reports of skin cancer developing within them. It is now known that true skin cancers are rare and even if a skin cancer develops it is the type that is very superficial and easily treated. In addition these types of skin cancers never develop early in life but well after puberty. Most doctors now feel that it is not necessary to remove these types of growths but just to keep an eye on them. If there are any changes in the growth these can be taken care of at that time.

Ideally it would be best to remove nevus sebaceous growths. In the real world however it is often not so easy. In many cases the lesions are large and a fairly significant scar would result. In addition it may not be possible to remove the growth because the child is too young to have the surgery. Certainly it is fine to wait until puberty to make a decision. If it is possible to remove the growth without significant scarring then this can be arranged.

Again, a nevus sebaceous is a type of benign growth, which tends to develop in childhood and may rise up slightly in puberty. After the age of twenty it normally does not change. In general these can be left alone or if possible removed surgically. If you have any other questions, please do not hesitate to ask me before you leave the office.

NOTALGIA PARESTHETICA

Notalgia paresthetica (N.P.) is a complicated name describing a harmless but very annoying condition that could be called “itching of the back”. Patients with N.P. experience itching on their back, often between their shoulder blades, with no detectable skin rash or infection that would cause itchiness. It is important to realize that the itching felt in this condition is real, and may be due to sensitive nerve endings in the skin. Because many other conditions of the skin (most commonly dryness and rashes) can cause itching, we always make sure there is no other explanation for the itching before treating patients for N.P.

While we don’t know why some people get N.P. and others don’t, we do know that this condition is not a sign of internal disease, cancer, allergies, etc. This condition is not progressive, and does not predispose patients to any other skin problems. A small number of patients with N.P. may develop a darker patch of skin on their back, but this is not dangerous and is not present in most forms of the condition. Because the dark patch of skin is thought to develop after frequent scratching, early treatment of this condition may help prevent it from developing.

This condition is usually treated with topical creams that make the nerves less sensitive. The creams prescribed have very few side effects, are very safe, and can be used on an “as needed” basis for itch relief. If you have any other questions about this condition or its treatment, please ask me before you leave the office.

NUMMULAR DERMATITIS

Nummular Dermatitis is a common skin problem, which is a type of eczema. The word nummular means coin shaped and this eruption tends to produce round, nickel or dime sized patches on the arms and legs. It tends to be worse in the wintertime because of dry skin and the low relative humidity at that time. This skin problem often improves on its own in the spring and summer time. Many patients who have nummular dermatitis have a history of eczema or other dry skin problems when they were younger. In addition there is often a family history of eczema, allergies, hay fever or asthma.

The three main principles of treatment are the use of mild soap, moisturizers and the prescription ointments, which I will provide. Mild soaps include bar soaps such as Dove, Purpose, or Basis and liquid soaps such as Moisturel, Neutrogena, or Cetaphil. It is important to keep your skin moisturized daily, especially after the bath or shower. The moisturizer you use is up to you since they are all effective.

The prescription ointments are the best control for nummular eczema. Most of these products are cortisone compounds, which come in many different strengths. You can think of creams that are one horsepower in strength versus one thousand-horse power in strength. The low strength cortisone creams are usually applied to the face, armpits, groin, or rectal area. The higher strength creams are reserved for the arms, legs, and body. Please do not mix up the creams since the higher strength creams can produce side effects if used in the wrong area for a prolonged period of time.

The prescription cream for your nummular dermatitis should be applied once a day initially. As the problem improves the frequency of application should be decreased to once every other day and then less often such as once or twice per week. In this way your skin does not become used to the cream so that if it is needed in the future the cream will still work.

Treatment for nummular dermatitis controls the skin condition. There may be a tendency for the rash to come back at some point in the future. If the problem would return then the prescription ointment could be restarted once a day and again slowly discontinued. Many people find that they have mild outbreaks on a seasonal basis such as the winter or summer.

If you have any other questions about this condition, please ask me.

ONYCHOLYSIS (SPLIT NAIL)

Onycholysis is a condition affecting the nails. It usually affects one or more fingernails. The first part of the word onycho refers to the nail. The second part of the word lysis refers to a split. Normally there is no split between your nail and the skin underneath it. In patients with onycholysis a split does develop and that is what causes the problem.

In the majority of cases of onycholysis the cause is an injury which lifts up the nail from the skin below it. The injury can be so slight you might not notice it. Many patients who develop onycholysis do a significant amount of work in water or have to wash frequently.

Many patients who have onycholysis have been told that they have a fungus infection. This is not true because the main problem is the split which develops. After a split develops, there can be bacteria and/or fungus over growth in between the nail and the skin. This is what causes the discoloration and symptoms.

There is no true cure for onycholysis until the nail grows back normally. In order to prevent any secondary infection, I will give you medication which can be applied to the area which will allow for quicker healing. It is okay to cover the nail with nail polish while it is in the process of improving.

Nails grow quite slowly and it may take many months for the nail to get back to normal. Hopefully you will notice a slow gradual improvement, but it is important to continue to use the treatment regularly. If you have any other questions regarding this condition, please don't hesitate to ask me.

ORAL CONTRACEPTIVES AND ACNE

Many women develop complexion problems as an adult, even women who had mild or no problems with acne during their adolescent years. Although no one is sure of the cause, these outbreaks may be related to normal hormone fluctuations. You may have noticed that your breakouts tend to occur at certain stages of your menstrual cycle.

Acne occurs when oil glands in the skin become clogged. The oil is created by glands at the base of each pore. Normally, the oil travels up through the pore and out onto the surface of your skin. However, if too much oil is produced, it can cause the cells that line the pore to make a plug at the skin's surface. Certain normal hormones called androgens produced by your body can cause these glands to produce excess oil.

Oral contraceptives (birth control pills) contain two female sex hormones, estrogen and progestin. The combination of these hormones prevents ovulation (the release of eggs from the ovaries), alters the lining of the uterus and helps prevent sperm from getting through the cervix into the uterus. Oral contraceptives help acne by increasing a protein called sex hormone binding globulin (SHBG). This binds androgens so that they are not active, which decreases the amount of oil produced by glands in the skin.

Ortho-Tricyclen and Estrostep are brands that the FDA has approved for use in treating acne, although all estrogen-containing oral contraceptives are effective in decreasing the level of active androgens.

Yaz and Yasmin are oral contraceptives that contain a progestin called drospirenone. In addition to decreasing the levels of androgens, Yaz and Yasmin can block the action of remaining androgens where they work in the skin. By blocking these androgens these two oral contraceptives are even more effective for acne. For treatment of acne, I feel these are the two best birth control pills.

Oral contraceptives can have side effects. Mild side effects such as breast tenderness, irregular bleeding, bloating and nausea usually subside after the first month or two. Serious side effects such as blood clots and strokes are less common now that lower doses of estrogen are used in oral contraceptives. To avoid these serious side effects, women with high blood pressure, a history of blood clots, or migraine with aura should not use oral contraceptives. In addition if you smoke or are over 35 it is best not to take birth control pills. Yasmin should not be used if you have kidney, liver or adrenal disease because it may increase potassium levels. If you are pregnant, or trying to become pregnant, you should not take oral contraceptives for your acne. Oral contraceptives also have positive side effects, including a reduced risk of ovarian cancer, endometrial cancer and osteoporosis. Many women also have lighter, more regular periods.

It is important to take your oral contraceptive at the same time every day. This is easier if you make taking the pill part of your morning or bedtime routine. If you forget a pill, take it as soon as you remember.

Patients can expect to see improvement in their skin about three months after beginning to take an oral contraceptive. This improvement may be slower than you think. You should continue to use any topical treatments I have prescribed for you.

If you have any questions, please ask me before you leave the office.

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ORAL FIBROMA

An oral fibroma is a common, harmless, benign growth. It usually occurs in the mouth, therefore, the name oral which refers to inside the mouth. Fibroma means like a fiber, and the connective tissue that the growth is composed of looks like fibers under the microscope.

These growths tend to occur on areas of the mouth that get easily irritated, such as the lips and the inside of the cheeks. When areas of the mouth get irritated, the cells react and divide. Sometimes they divide too much and cause the bump. Oral fibromas range in size from very small (millimeters) to several centimeters. They can be the same color as the surrounding skin or more pale. This is due to the fact that they sometimes have less blood supply than the surrounding area. They can be flush with the skin or hang off on a little stalk.

In most cases the treatment for an oral fibroma is to remove the lesion. This is done for your comfort. There are various ways to accomplish this. I will determine the best way to treat the lesion based on your individual case.

Again, these growths are not cancer, and you should not expect this growth to recur. If you have any further problems with the area please let me know. If you have any other questions please ask before you leave the office.

General Dermatology

Diseases of the Skin,
Hair, and Nails

Dermatologic Surgery

Phototherapy

Laser Treatment

Dermatopathology

ORAL PREDNISONE THERAPY

Oral prednisone is one of the most effective treatments for severe, itchy, and inflamed skin conditions. As with all internal medication, it is important to take oral prednisone in the proper way to minimize any potential side effects.

Oral prednisone is generally taken in a two to three week course. A specific dose is given for the first seven days, a specific dose of a lesser amount for the next seven days, and for the last seven days another slightly lower dose. One example would be to take 60 mg (three pills) a day for the first week, 40 mg (two pills) a day for the second week, and 20 mg (one pill) for the last week.

The prednisone pills are taken together all at once in the morning. In other words, if you take three pills, you should take all three of them all at once in the morning. It is best to take the prednisone pills after something is in your stomach so it is important to eat breakfast and then take the medication.

The majority of patients who take prednisone in this fashion have no side effects. Occasionally there can be a mild stomach upset. Occasionally there can be a slight increase in water weight gain, especially in women, related to their menstrual cycle. As with any medicine there are extremely rare side effects. If any new problem would develop, please call my office.

Most people who take oral prednisone notice a significant improvement in their symptoms in a day or two but it is important to continue the treatment for the entire cycle. Often times the skin problem seems to be completely gone after only five or ten days of treatment so the temptation is to stop the treatment all together. If this is done then there is a risk that the original skin problem will return, even worse. Therefore, it is important to take the oral prednisone until it is completely finished.

Again, oral prednisone is a safe and effective treatment for many severe skin conditions. When taken on a daily basis for many months or years, prednisone can have more important side effects such as bone thinning or infections. These side effects do not occur in the short two to four week course of therapy. If you have any other questions regarding this treatment, please don't hesitate to ask me before you leave the office.

OSTEOPOROSIS (BONE THINNING)

Osteoporosis is the medical term used for bone thinning. Osteopenia is a mild form of the same problem. It produces a decrease in bone mass and bone density. Patients who have osteoporosis are at a higher risk for broken bones (fractures). Natural bone loss begins in the mid 30's but postmenopausal women are especially at risk for this condition. Osteoporosis usually produces no symptoms. The first sign of the problem may be a broken bone in the spine, hip or forearm near the wrist.

Although osteoporosis is common in postmenopausal women, any man or woman can develop this condition. There are various risk factors for this problem. One of the main risk factors in my patients is the use of chronic cortisone therapy in the form of prednisone pills or cortisone injections.

Osteoporosis can be diagnosed by a bone density test. This is a simple and easy test that is comparable to an x-ray. The test measures the density of the bone and can be used to determine improvement after treatment. Treatment for osteoporosis begins with the adequate intake of calcium and vitamin D. Daily calcium supplements should be 1,000 mg in men and premenopausal women and 1,500 mg in postmenopausal women in divided doses of 500 twice or three times per day. It is also recommended to take 800 IU of vitamin D per day. There are supplements which have both the calcium and vitamin D already combined. Weight-bearing exercise is another important treatment for osteoporosis. This can be performed using the machines in most gyms or health clubs.

Recently there has been an advance in the treatment of osteoporosis with a new class of medication called Bisphosphonates. These are safe and well tolerated medications which can reverse the bone thinning and decrease the risk for fracture. There is another information sheet about this medication.

If you have any other questions regarding osteoporosis, please do not hesitate to ask me before you leave the office.

OVER-THE-COUNTER DERMATOLOGY MEDICATIONS

There are a number of very effective dermatology medications which are now available over-the-counter. Many of these medications were prescriptions and because of their safety are now available in any drugstore or pharmacy without a prescription.

These medications are very effective for many skin problems and I will let you know which of the medications will be beneficial for you. One of the significant advantages of a medication going over-the-counter is there is often a markedly decreased price. At times we may provide a prescription for the medication even if it is over-the-counter. Occasionally purchasing it as a prescription will be less expensive. In addition, some patients prefer a prescription because of their flexible savings accounts or health savings accounts.

Miconazole or clotrimazole

These are creams that are usually applied once per day to the affected areas. At times they are mixed with another medication before the application. These medications are often available in the athlete's foot section of the drugstore. They have a beneficial effect against athlete's foot but are used for many other skin problems. One form is a powder called Zeasorb AF

Terbinafine or butenafine

In general these medications are applied once per day to the affected areas. They are often used on the feet or toenails. These usually can be found in the athlete's foot section of the drugstore.

Benzoyl peroxide gel 5% Benzoyl peroxide cleanser 5% or 10% (Trade name - Panoxyl)

This medication is effective for many skin problems and is usually applied once per day to the affected areas. These types of cleansers are used in the shower and often have a beneficial role in prevention of skin problems.

Hydrocortisone 1% cream

Hydrocortisone has anti-inflammatory activities and is beneficial in many types of skin problems. It is usually applied once per day to the affected area. At times this can be mixed with another medication which is useful for other types of skin problems.

Pramoxine (Trade name - Itch-X or Sarna Sensitive Skin Lotion (not Sarna original))

Pramoxine is a topical medication, which is often very effective for itching and burning sensations in the skin. It is usually used 2-3 times per day to the affected areas.

Anti-itch products (Trade name Sarna Original Lotion)

Soothing itch relief with camphor and menthol

Retinol products (Trade name - Neutrogena Ageless intensives)

Retinol products are derived from vitamin A. They are effective in various sun-induced skin conditions. These types of products can often lighten dark spots on the skin and may help remove small sun-induced growths. There are many retinol products that are available in the cosmetic area of pharmacies. I usually recommend Neutrogena products.

OXYBUTYNIN

Oxybutynin is an oral medication that can be used in the treatment of hyperhidrosis (sweating that is beyond what is necessary to maintain body temperature). It is in a class of medicines called anticholinergics. One of the effects of these medications is to decrease sweating, leading to slightly dryer skin. This class of medication is also used for many other conditions as well so you may be given information at the pharmacy which does not pertain to your specific problem.

Oxybutynin has been shown to help control sweating with minimal side effects. Usually low doses are required. Possible common side effects are slightly dry mouth, slightly dry eyes, and drowsiness. Less commonly you may notice trouble urinating or blurred vision. In most cases these side effects only occur at higher dosages. The goal in taking oxybutynin is to find a dose that will control the sweating without causing any of the other side effects. This may take some trial and error with dosage regimens initially. In general I suggest patients take 1 tablet per day and to very gradually increase the dose to a point where the sweating is controlled without any of the other problems. The absorption of this medication may be increased by taking it with grapefruit juice or eating grapefruit. It is fine to have grapefruit just have it at a different time from taking the medication. There are certain conditions which are rare in younger people such as glaucoma, digestive tract blockages, or urination problems. If these conditions are present you should not take oxybutynin.

It has been my experience that most patients can find a low dose of oxybutynin which helps with the sweating and does not cause the other side effects. If you have any other questions regarding this medicine, please do not hesitate to ask before you leave the office.

PARONYCHIA (CHRONIC)

Chronic paronychia refers to a skin condition, which occurs around the nails. The term chronic means that the condition can come and go over time. The word paronychia is a fancy medical term referring to the inflammation, redness and swelling that can occur around the nails.

Chronic paronychia occurs most commonly in people whose hands are in a wet environment, for example nurses, bartenders, dishwashers and hairdressers. Repeated cuts and minor trauma of the skin can damage the area around the nail and in the cuticle. This minor damage allows further irritation. There can be overgrowth of various surface germs, which slow the healing process.

Symptoms of chronic paronychia include loss of the cuticle, tenderness, redness and swelling. Often the nails can appear changed with rough surfaces or grooves.

Sometimes the area around the nail can be colonized with a normal bacteria or yeast on the skin. Because of this, one of the treatments that is often used is a medication, which has antibiotic properties against these types of organisms. In many cases, it is not an actual infection, but simply colonization on the surface of the skin, which impedes the healing.

Treatment of chronic paronychia starts by avoiding any chronic irritation or wet environments. Wearing cotton-lined gloves to wash dishes can be helpful if this is an exposure. In most cases, topical medications are used. These often involve two different creams or two different liquids. One of the products has anti-inflammatory properties, which tends to eliminate the redness, swelling and symptoms.

Because chronic paronychia can be a problem, which tends to come and go, it is helpful to use sensitive skin care to minimize small breaks in the skin. This includes using milder soaps and moisturizers. The two different topical medications should be used on the affected areas until the problem improves. In general, the frequency of use can be decreased as the condition improves. It may take many months, however, for any nail changes to reverse since the nails grow so slow.

If you have any other questions regarding chronic paronychia, please ask me before you leave the office.

PATCH TESTING

A patch test is a diagnostic tool to help determine if your dermatitis is caused by an allergic reaction. A patch test helps to identify the exact substance or substances that may be causing your problem.

Some common sources of allergens are ingredients in cosmetic, perfumes, soaps, creams, shampoos, and a host of other products that you come in contact with everyday.

The test involves the application of a small amount of known allergens to the skin surface, usually on your back. The patch test is covered by tape so that it remains watertight and is left on your skin for 2 to 3 days. After it is removed, the doctor checks your skin to see if you have any reaction at the site of these patches. This would indicate that an allergic response to that particular substance has taken place.

Before the patch test is performed you should not use topical steroid creams on the test areas. Also it is best to be off oral cortisone type medications and antihistamines before the test.

The day of your patch test application do not use any creams or lotions on your back.

While the test is on your skin it must remain dry. No showers, baths or swimming. Avoid activities that cause excessive perspiration. You can take shallow tub baths or sponge bathe. Wear loose clothing to prevent the patches from pulling off. Call the doctor's office if the test site itches extremely or the patches pull off your back.

The best treatment for allergic dermatitis is to avoid what causes the rash. Patch testing helps to identify these exact substances so that you can be made aware of what products that you are coming in contact with that will cause your problem.

Before you leave today the office staff will set up your appointment. If you have any questions about this, please do not hesitate to ask.

TRENTAL (pentoxifylline)

Trental is a medication taken internally that can help improve blood flow through blood vessels. It works by increasing delivery of blood and oxygen to areas in the body that may lack proper circulation due to damage or disease of the blood vessels. It is particularly indicated for individuals whose lower limbs are affected, where it may help reduce leg pain and cramping when walking. The usual dose includes taking one extended-release tablet three times a day with meals, and treatment should last at least eight weeks.

Although Trental has generally been found to be well tolerated, some people may experience symptoms such as bloating, nausea, vomiting, dizziness, or headache. Rarely the medication might cause chest pain or an irregular heartbeat. If you have kidney or liver disease, the chance of side effects from the medication may be higher. If notable side effects do develop, a lower dosage might still be useful.

Trental may not be suitable for people who have had recent bleeding in the brain or retina. Individuals at higher risk for bleeding (for example, those having had recent surgery or a peptic ulcer) who take the medication need to be closely monitored. Trental should not be used in those who have had previous problems using the drug or substances called xanthines, such as caffeine. Trental may interact with other drugs that affect bleeding, such as Warfarin (Coumadin), and in such cases requires more frequent lab testing to ensure safety.

Use of the drug during pregnancy or childhood has not been well studied in humans. You should understand that there could be an effect on the fetus if you are pregnant or become pregnant while on this medication. Nursing mothers should avoid use of Trental.

If you have any other questions regarding this medication, please ask before you leave the office.

PERIORAL DERMATITIS

Perioral dermatitis is a common skin condition primarily affecting young women. The perioral refers to the fact that the skin problem occurs around the mouth. The dermatitis refers to the fact that the bumps on the skin are red and pimple like.

Perioral dermatitis tends to produce skin lesions around the mouth, but it can occur on other areas of the face including the cheeks and around the eyes. In many ways the lesions resemble acne type pimples. The exact cause of perioral dermatitis is unknown. The current theory is that it is related to the over use of various cleansers and cosmetic products.

Although the exact cause of perioral dermatitis is not known effective treatment is available. The best treatment are antibiotics which are normally used one or two times a day. Although this condition is not an infection, antibiotics help a lot as they do in many other skin conditions.

Many patients require therapy for this condition for a short period of time and it goes away. In other cases the condition tends to last longer and will require many weeks or many months of treatment. In most cases the daily doses of antibiotics can be lowered or stopped completely.

In general it is a good idea to keep the cosmetic routine and daily face care as simple as possible. Using a mild soap, a moisturizer if necessary, and make-up is normally all that is needed. Any extra steps including the use of astringents, masks, mud packs, or special cleansers are not needed.

In most cases perioral dermatitis can be controlled quite well, but it is a problem that may come and go to some degree. If you have any other questions about this condition, please do not hesitate to ask.

PERNIO (CHILBLAIN'S)

“Pernio” or chilblains are names for the same skin condition. Patients with pernio develop small reddish-violet spots or bumps that are itchy or painful. These lesions tend to develop on the hands and/or feet. This may be the first time you have ever seen such spots, or you may have a history of similar spots coming and going, lasting one to three weeks each time. In either case, the spots seem to appear after you have exposed yourself to cold temperatures. The word “chilblain,” actually, tells you exactly what the condition is, since the first part of the word, “chill,” refers to a sensation of coldness, and “blain” is a lesser-known English word that means “skin swelling, blister, sore or blotch.”

Basically, pernio occurs when the blood vessels of your skin, usually in your fingers and toes, respond in an unusual way to cold exposure—especially when those low temperatures coincide with dampness. Recent minor injury to these body parts may increase the likelihood of developing pernio, even during otherwise normal weather conditions. It is not certain how common pernio is in the United States, but in England—a land famous for its coldness and dampness—the incidence has been reported in as many as 10% of the general population. Pernio typically affects women more often than men; younger to middle-aged women as well as children are the most frequently affected.

Because the direct cause of pernio is exposure to cold and wet conditions, for the vast majority of affected people, the best prevention and treatment is to keep yourself warm and dry! If, however, you have the kind of pernio that has recurred over many months or years, your doctor may want to do some blood tests to make sure that there is not an underlying condition that is causing your blood vessels to overreact in this way. Very rarely, a skin biopsy of the affected area may need to be performed. For very difficult, chronic cases of pernio, there is a drug called a “calcium-channel blocker” that may help your blood vessels relax, especially if you also have high blood pressure. If you have any further questions about this disorder, please do not hesitate to ask before leaving the office!



PHYSICAL BLOCK SUNSCREENS

There are actually two different types of sunscreens available over the counter. The usual sunscreens are those that contain a chemical such as Parsol 1789 (avobenzone), octyl methoxycinnamate, and oxybenzone. These chemicals work by absorbing some or most of the ultraviolet rays in sunlight to prevent the rays from burning or damaging your skin.

A physical block type of sunscreen has significant advantages. It actually blocks or reflects the ultraviolet light from entering the skin. By accomplishing this, these products prevent exposure to a broader spectrum of UV light and also prevent reactions to the chemicals.

You probably have seen lifeguards at the beach with the white greasy paste on their noses. This product is zinc oxide. This is one type of physical block sunscreen. The other type contains titanium dioxide. Although these products are the best sunblocks, the white greasy appearance limited their use.

Fortunately science has advanced to produce sunblock products with zinc oxide or titanium dioxide that rub in well and do not leave the visible white film. Since these products actually block both ultraviolet A (UVA) and ultraviolet B (UVB) light they are very effective. These block type sunscreens are also the best if there are any unusual sun allergies or sun reactions.

Some common brand names of physical block sunscreens are Neutrogena chemical free sun block, Spectra3 by Coppertone, or PreSun block. You can check the lists of any other products to determine the active ingredients. Make sure that you are using a product that contains zinc oxide and/or titanium dioxide.

Although physical block sunscreens have many advantages they are somewhat thicker and require more rubbing to get them to disappear. There are two other options for products which are as effective as the physical block sunscreens. These are the Neutrogena UltraSheer line of sunscreens or mexoryl containing sunscreens.

The Neutrogena UltraSheer sunscreens contain Parsol 1789 (Avobenzone) which is an excellent UVA blocker. The problem is that Parsol 1789 (Avobenzone) is unstable and can break down from sun exposure. The UltraSheer products have a special technology, Helioplex, to stabilize the Parsol 1789 (Avobenzone) so it continues to be effective over time. These are the best currently available sunscreens in the USA and are very easy to apply.

Mexoryl containing sunscreens from LaRoche-Posay (brand name Anthelios) were recently approved in the United States. They can be purchased in Canada as well. Mexoryl has a better UVA blocking capability than traditional sunscreens. These products also serve as an excellent daily moisturizer/sunscreen if you need one.

If you are consistent with the regular use of sunscreen products, there is a theoretical risk of developing low vitamin D levels. This is because sun exposure can increase your vitamin D levels. Since we know that sun exposure causes skin cancer, sunlight exposure to is not the best way to obtain vitamin D. My suggestion is to take a vitamin D supplement along with calcium on a regular basis. These products are often combined as a single pill. Two of the common brand names are Caltrate and Os-Cal. Many patients who enjoy dairy products, such as milk, yogurt, and cheese, do not have to worry about taking extra vitamin D or calcium. If this is the case with you, then a supplement may not be necessary.

If you have any questions about the sunscreens please ask me before you leave the office.

PICATO (ingenol mebutate)

Picato is a new topical treatment for actinic keratoses. As you know from prior information, actinic keratoses are precancerous skin lesions which may develop into squamous cell skin cancer. Picato is an interesting product, as it was developed from a naturally occurring substance. In Australia, there is a plant called petty spurge. It was well known that if the sap of this plant was applied to warts and various growths on the skin they would often become inflamed, fall off, and disappear completely. A company in Australia recognized this property and developed the active ingredient from the petty spurge plant. This ingredient is called ingenol mebutate and now carries the trade name of Picato.

Picato come in a 0.015% concentration for the face and scalp. This product is used once per day for 3 days. The prescription comes in a box containing the 3 small tubes. It is best to store these tubes in the refrigerator. The medication insert states that the medication should be disposed of after use but it is safe to store and reuse any leftover medicine in the future if the entire tube is not used.

The medication is applied once per day for 3 days to the affected area. A small drop is applied and rubbed in completely. Avoid your eyes and wash your hands after the application. Do not exercise immediately after applying Picato since the sweat can cause the product to spread to other areas. Do not cover the treated area with a bandage. After 6 hours the area can be washed off if you wish.

The most common side effect of the use of Picato is local irritation in the area. A small amount of irritation is expected. This can be itching, redness, slight swelling and occasional crusting and/or blistering. A minor reaction often begins in the first day and the reaction peaks usually in 7 days. The reaction is normally completely over within 2 weeks.

A major advantage of this treatment is it can eliminate all the actinic keratoses both visible and invisible in the affected treatment area. The majority of patients see regression of the actinic keratoses within 2 months of treatment. The use of this product will often avoid more destructive treatment such as liquid nitrogen, freezing, or surgical removal of the growth.

If you have any other questions regarding the use of Picato, please ask me before you leave the office.

PIGMENTED PURPURIC ERUPTION (PPE)

You have a pigmented purpuric eruption. This is a skin problem which tends to occur on the legs and produces red to brown discolored areas. It is usually not itchy or painful. It is not an indication of an internal problem. Its unsightly appearance is the usual reason why people seek treatment.

The exact cause of a pigmented purpuric eruption is unknown. It is a problem where the blood tends to leak from the very small blood vessels in the superficial layers of the skin. It is not an indication of a circulation problem with the larger veins and arteries in the legs. Because the blood leaks into the skin, it turns darker with time just like a "black and blue" mark does. The only difference is that the PPE condition produces pinpoint discolored areas which may merge.

Fortunately, treatment does tend to help this discolored skin condition. Various creams and/or pills are used depending on the severity of the skin condition. Your treatment will be based on the exact type of problem you have. If you have any other questions about this skin condition, please ask me before you leave the office.

PILAR CYST

A pilar cyst is a type of skin growth. Most people notice the cyst as a small lump or bump below the surface of the skin. A cyst is a small sac lined by cells that produce a white cheesy material called keratin. It is helpful to think of the cyst as a small pea or small grape below the surface of the skin.

Pilar cysts are benign growths which are fairly common. Pilar cysts can run in families. Pilar cysts can occur in patients of any age. Pilar cysts are felt to be a type of cyst from hair follicles. That is why they are most commonly found on the scalp.

These growths are smooth, dome shaped swellings in the skin that feel firm. They are seen most often on the scalp but can occur in other body parts as well. Usually the hair overlying the cyst is normal.

Occasionally pilar cysts become inflamed because they are exposed to trauma from combing or brushing the hair. Occasionally cysts can become inflamed and drain spontaneously. If you have any symptoms in the area please let me know.

Many patients have more than one pilar cyst on their scalp. This is often the case in the type of pilar cysts that are inherited in families.

Since these growths are benign and usually do not produce any symptoms, treatment is not necessary. Most people leave their pilar cysts alone. If an individual lesion becomes more protruding or has been inflamed, then surgical excision can be arranged.

Pilar cysts normally are removed by excising the entire cyst sac. This often requires one or two stitches. Occasionally they can be opened up and drained.

As I noted above, a pilar cyst is a benign growth. Unless there are specific problems with the area, they are often left alone. If you have any other questions regarding these growths, please ask me before you leave the office.

PILOMATRICOMA

A pilomatricoma is a fancy name for a benign cystic growth. This type of growth is often found in the head and neck region. Pilomatricomas are cysts made of hair precursor cells. They are benign and harmless and should not cause you any concern. These types of cysts can develop in people of all ages but the majority occur before the age of 20. They are slightly more common in women. It is one of the most common cystic growths in children and young adults. Often times these are discovered by parents while bathing their children or in adolescence when showering or changing because these are felt underneath the skin.

Pilomatricomas tend to have a firm consistency. It may appear as a pea or grape sized lump below the surface of the skin. In some cases they are flesh colored. In others, they take on a red or purple appearance. Only a small percentage of pilomatricomas become tender or inflamed.

These lesions often occur on the head and neck area, however they can occur on any area of the body. In most cases they are single, isolated lesions. Rarely, patients can have more than one. They are not associated with any internal problems. They are not premalignant.

At times tests are done to confirm the diagnosis because it may not be possible to be sure of the diagnosis by examining the lesion. In many cases surgical removal is suggested because of symptoms produced by the growth or external irritation.

Again, a pilomatricoma is a benign type of cystic growth which is most common in children. The treatment is determined individually based on the symptoms, but often simple removal is the best option.

PIMECROLIMUS (ELIDEL)

Pimecrolimus (Elidel) is a new topical medication used to treat eczema or dermatitis. There is one common form of eczema called atopic dermatitis for which this product was initially developed.

Most treatments for dermatitis involve using a topical steroid cream or ointment applied to the affected areas of the skin. Elidel is different because it is not a steroid-containing product and, therefore, will not cause any of the side effects of topical steroids. For this reason, it has distinct advantages over the prior treatment for dermatitis.

Elidel is a new type of medication called an immunomodulator. It works by adjusting the immune imbalance that occurs in many forms of dermatitis. It works directly on the skin to treat the redness, swelling, and itching that occurs in eczema.

Elidel is used only on the surface of the skin. It should never be ingested. It is simple to use and has a similar consistency to many over the counter creams and lotions. Apply a thin layer to the affected areas on the skin twice per day. One of the better times to use the medication is after a shower or a bath. In general, as the condition improves you can decrease the frequency of application of Elidel. That is, the product is used twice per day in the beginning; it can be cut down to once per day, then every other day and then stopped completely.

In most cases, patients notice an improvement within days or weeks. It is always beneficial to cut down the frequency of application as the condition improves.

Elidel has very few side effects. The most common is some slight stinging or burning, as the medication is first applied. This normally improves as the skin gets back to normal. The burning is normally related to how open the dermatitis is to begin with. One other restriction with topical Elidel is to try to avoid excess sun exposure or tanning bed exposure while using this medication. Any other side effects are very rare. If you have any problems with the medication, please let me know immediately.

As I noted above, Elidel is a very helpful medication for various forms of skin conditions and dermatitis. If you have any other questions regarding this, please let me know before you leave the office.

PITYRIASIS ALBA

Pityriasis Alba is a common skin problem that otherwise healthy individuals can develop. It is often associated with other sensitive skin conditions such as atopic dermatitis (eczema). The exact cause is unknown. The word "Pityriasis" means spots, and the word "Alba" means white.

Pityriasis Alba may begin as areas of redness. Eventually, round patches appear white or lighter than the normal skin tone (hypopigmented). The lightened patches of skin may develop fine scales. These hypopigmented patches do not tan. If your normal skin tans this may allow the Pityriasis Alba to stand out more. The affected areas may be slightly itchy.

Pityriasis Alba most commonly affects the face, neck, arms, and shoulders. It commonly affects children and young adults, but it can occur in any age group.

Pityriasis Alba is often confused with such skin problems as vitiligo, tinea versicolor, and tinea corporis (ringworm). It is important to recognize that Pityriasis Alba is unrelated to these conditions. It is not an infection.

Pityriasis Alba usually resolves with time. The normal color gradually returns to the skin. This process often takes many months, but can take years. In children, Pityriasis Alba often improves after puberty. There are various topical medications which can help the Pityriasis Alba lesions to fade. I will discuss which of these treatments would be best for your situation.

Although it may take a while, the signs of Pityriasis Alba will eventually improve significantly. Hopefully your skin will return to its normal color. Sometimes, however, Pityriasis Alba may reoccur.

If you have any further questions about Pityriasis Alba, please do not hesitate to ask.

PITYRIASIS ROSEA (PR)

Pityriasis Rosea is a common harmless skin problem. Pityriasis Rosea usually begins with a single scaling spot which appears a week or two before the general rash. After this first spot, a number of smaller round patches develop on the skin. These usually occur on the back, chest, abdomen and upper parts of the arms and legs. Occasionally a few spots develop on the neck. It is unusual for the rash to develop on the face, hands or feet.

Pityriasis Rosea is a condition which is felt to be a virus rash in the skin. When some people get a virus they develop a cold. When other people get a virus they develop a stomach flu. This problem is related to a virus causing a skin rash. The rash is not contagious in the sense of other kinds of virus rashes. It is not related to food, medicine or nervous upsets.

Pityriasis Rosea always disappears by itself. Because it takes up to four to eight weeks to go away, many people become quite concerned about the rash because it is all over the place. Sometimes patients are told they have ring worm because of the round appearance of the spots in the skin. Second attacks of pityriasis rosea are rare.

For mild cases of Pityriasis Rosea only lotion is required for treatment. If it is itching and irritated, prescription cream and itching pills are often used. The best treatment for severe pityriasis rosea is ultraviolet light exposure. This is the type of light which is found in sunlight. During the summer time one of the best treatments is to go to the beach. At other times ultraviolet light (sunlight in a box) is prescribed one time per day for five days.

Although Pityriasis Rosea can be quite widespread, it is important to realize that it will go away completely and not leave any marks. If you have any other questions about this condition, please don't hesitate to ask me.

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PITYRIASIS RUBRA PILARIS (PRP)

Pityriasis rubra pilaris (PRP) is a long and fancy name given to an uncommon skin disease. This skin problem is characterized by scaling (pityriasis), redness (rubra), and the involvement of the hair follicles (pilaris). PRP usually develops fairly suddenly in adults but can occur in any age group. The cause of PRP is unknown. PRP is not an infection. It is not contagious. It does not involve internal organs. It is not psoriasis but it is similar to psoriasis since both problems can produce red and scaling areas.

PRP often begins as a flaky, patchy, red area on the scalp, face, or hands. Over several weeks or months the rash may increase and move to other areas of the body. The hands and feet can be quite thickened and yellow. The nails may become discolored and brittle. The skin often has a rough, dry feel and the small bumps are often related to the hair follicle involvement.

It is difficult to predict the course of PRP in an individual patient. The skin problem can take months or years to improve although it normally does disappear completely in the vast majority of patients. Fortunately there is effective treatment.

In some cases PRP is relatively localized and topical therapy by itself is often very helpful. There are various topical treatments, one of the most common being topical Taclonex. When PRP involves larger body surface areas, topical therapy is not effective. For this reason various oral medications are used. The two most common treatments for this condition are acitretin (Soriatane) and/or methotrexate.

PRP is a condition that all dermatologists understand and if you would travel anywhere in the world and tell a dermatologist you have PRP, he or she will recognize what the condition is. Unfortunately, no one knows the true cause. Fortunately there is effective treatment and I will determine what is the best treatment in your individual case.

If you have any other questions regarding your condition, please don't hesitate to ask me before you leave the office.

Pityrosporum Folliculitis

Pityrosporum folliculitis is a condition where yeast, pityrosporum, gets down into the hair follicles and multiplies, setting up an itchy, acne-like eruption. Pityrosporum follicles sometimes turn out to be the reason a case of acne isn't getting better after being on antibiotics for months.

This yeast is a normal skin inhabitant. Everyone has it on his or her skin but in most cases it causes no problem. The condition affects young to middle-aged adults of either sex.

The rash consists of tiny itchy rounded pink pimples with an occasional tiny whitehead. The spots are located mainly on the upper back, shoulders and chest. Sometimes spots are found on the forearms, back of the hands, lower legs and face. The tendency to scratch spots is greatest on the forearms, face and scalp. Most patients have oily skin.

Most patients seek advice because of the itch or worsening acne like rash accompanied by a stinging sensation. Some patients notice the itch is worse after sweat inducing exercise or after a hot shower. When scratched, the spots may display a local hive-like reaction with a surrounding red flare.

Pityrosporum folliculitis is not an infection as such; it is an overgrowth of what is normally there. The yeast overgrowth may be encouraged by external factors and/or by reduced resistance on the part of the host.

Oral treatments are the most effective. The two anti-yeast antibiotics most commonly used are itraconazole or ketoconazole. It may take a few weeks for clearing to occur and longer for the spots to fade.

POIKILODERMA OF CIVATTE (SOLAR ELASTOSIS)

Poikiloderma of Civatte is a fancy term for a skin condition. It normally produces a red to brown discoloration on the sides of the neck. The term “poikiloderma” refers to a change in the skin where there is thinning, increased pigmentation and dilation of the fine blood vessels in the area. A Dr. Civatte first described the condition in the 1920’s. In most cases, the condition is of cosmetic concern only.

Poikiloderma occurs most commonly in fair skinned people and more commonly in women than in men. People usually complain of chronic reddish to brown discoloration on the sides of the neck and upper chest. There are usually no symptoms but occasionally some patients report mild burning, itching or an increased sensation in the skin. The areas appear to run in a line with the normal creases of the skin on the neck. The area under the chin is usually not involved.

The cause of poikiloderma is related to chronic sun exposure. This is not recent sun exposure but exposure when you were a child. Over time the slight damage builds up to produce the discoloration that is present today. There may be a genetic tendency to develop this problem but this may be related to fair skin.

There are some topical medications which can help this condition although the response is very slow. Sun protection is of utmost importance. It would be best to use a sunscreen with a physical block agent such as zinc oxide or titanium dioxide with at least an SPF of 30. Some topical products containing alphahydroxy acids or tretinoin (Retin-A) may also be used.

If there are any other questions regarding this condition, please do not hesitate to ask me before you leave the office.



POLYMORPHOUS LIGHT ERUPTION (PMLE)

Polymorphous light eruption is a long confusing name for a common skin problem that occurs as a result of sensitivity to sunlight. It is a type of sun allergy. Polymorphous refers to the fact that the associated rash can look different on different people. An individual generally experiences the same form of rash with each outbreak. Light eruption refers to the development of the skin problem in response to exposure to light, in this case ultraviolet light.

Polymorphous light eruption is caused by exposure to ultraviolet radiation which is a wave length of sunlight too short for the human eye to see. Commercial lamps in tanning beds produce a form of ultraviolet radiation also. Why some people are more sensitive to ultraviolet light is unknown. The condition is more common in fair skin individuals who live in northern climates. It can begin at any age, but it is most common before the age of 30.

Typically, the eruption begins as red areas usually on the arms or upper chest. It can affect any area, however. In most cases, the face is not involved. Itching is common. The eruption can begin hours or even a day or two after the sun exposure. The eruption often disappears within two weeks without scarring.

The exact cause of PMLE is not known. Individual patients tend to develop the same type and pattern of outbreak each year. Symptoms usually appear during the early spring and may become less or disappear by the end of the summer. This decrease in ultraviolet light sensitivity after repeated sun exposure is referred to as hardening. That is one of the reasons why people do not develop the problem on the face.

Polymorphous light eruption affects the skin only. There is no internal involvement. Occasionally, blood tests or skin tests are necessary to make sure that other forms of sun or skin reactions are not present.

Polymorphous light eruption is a nuisance since it can restrict lifestyle in the summer months. Many patients can judge how much sun light exposure they can tolerate. Treatment for this condition begins with avoiding or decreasing the amount of sun exposure and the use of protective clothing and hats when feasible. The use of topically applied sunscreens that protect against both ultraviolet A and ultraviolet B light is very important. These include physical block sunscreens containing zinc oxide and/or titanium dioxide, Helioplex containing sunscreens which are made by Neutrogena, or Mexoryl containing sunscreens which are available in Canada and are becoming more widely available in the United States. To treat the actual outbreaks there are topical prescription medications which are very effective. For more severe cases, oral medication is available both for treatment and for prevention. Ironically, the use of ultraviolet light phototherapy in gradually increasing doses has been shown to be helpful. By slowly exposing the skin to small amounts of light, the skin can be desensitized or hardened to the sun allergy.

As I noted above, PMLE is a common condition which is normally controlled well. If you have any other questions, please ask me before you leave the office.



Polymorphous light (PMLE)
eruption on the chest

POST INFLAMMATORY HYPERPIGMENTATION

Post inflammatory hyperpigmentation is a skin condition which tends to leave darker marks in the skin. Unfortunately, it has such a long and confusing name but it is only a skin problem and not a sign of an internal disease.

Post refers to the fact that this condition has developed after a previous skin problem. Inflammatory refers to the fact that there normally was a skin condition present before which produced some redness and/or scaliness in the skin. In some cases this skin problem may have been so minimal that you did not notice it.

Hyperpigmentation means that too much pigment is left over in the skin. Therefore, this condition develops after a rash where too much pigment is left over at the spots where the rash was. Post inflammatory hyperpigmentation is a temporary problem. As long as the underlying skin problem can be controlled and no new bumps develop, the darker areas will slowly go away. It is important to realize that this is not a permanent darkening of the skin but it resolves slowly. In most cases it takes many months or possibly even a year to go away completely.

Since post inflammatory hyperpigmentation is a temporary problem usually no treatment is required. There are certain types of this condition where various creams may help speed the healing period. In addition cautious sun exposure may even out the discoloration. Hopefully the pigmentation in your skin will slowly go away so that it will no longer be visible. If you have any other questions regarding this condition, please do not hesitate to ask me before your leave the office.

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PROMISEB

Promiseb is a new topical medication used to treat various inflammatory skin conditions especially those on the face. Most treatments available for these conditions involve the use of prescription anti-inflammatory medications which may have side effects.

Promiseb is different because it is a natural product that has both anti-inflammatory and germ killing properties. It is also unique because it is not a steroid-containing product and, therefore, will not cause any of the side effects associated with topical steroids. Promiseb also helps to relieve dry skin by maintaining a moist skin environment which is beneficial to the healing process.

Promiseb is used only on the surface of the skin. It should never be ingested. It is simple to use and is a fragrance-free, water-based cream. Apply a thin layer of the cream to the affected areas of your skin once per day and massage into the skin gently. One of the better times to apply the medication is after a shower or bath or at bedtime. In general, as the skin condition and symptoms improve, you can decrease the frequency of application. That is, the product is used once per day in the beginning; then it can be cut down to every other day, then every three days, and then stopped completely.

In most cases, patients notice a reduction in symptoms like redness, itching, and scaling within two weeks of using Promiseb. Using Promiseb regularly may prevent the relapse of your condition.

Promiseb has no known serious side effects but it may cause slight stinging or burning if applied to very inflamed skin. It is safe to use by patients of any age, for any duration of time and can be applied to any area of the body, including the face and parts of the body where skin rubs together. Promiseb contains a derivative of shea nut oil. Please let me know if you have a known allergy to nuts or nut oils. In addition, please let me know if you have any problems with this medication immediately.

As I noted above, Promiseb is a very helpful medication for various skin conditions with a very low risk of side effects. If you have any questions regarding this, please let me know before you leave the office.

PRURIGO NODULARIS (PICKER'S NODULES)

Prurigo nodularis is a form of eczema in the skin. It produces red, inflamed, scaling and pimple like areas. The first part of the term, prurigo, refers to the fact that the problem is often quite itchy. The second part of the term, nodularis, refers to the pimple like appearance of the problem.

The exact cause of prurigo nodularis is unknown. In many cases, the problem, which caused the original skin condition, has long since gone away. The original condition, however, set up a pattern where the skin was itched and scratched. This caused more itching and more scratching. Eventually this creates an itch-scratch cycle, which allows the condition to persist. This is despite the fact that the original problem is gone. In many cases, nerves and stress contribute to this itch/scratch cycle.

Prurigo nodularis lesions can be seen in any area of the body. Some of the more common areas are the neck, private area, and around the ankles. Some patients have only one spot in the skin. Some patients have spots all over the place.

Prurigo nodularis is not a sign of an internal problem. It is not a sign of cancer or any contagious skin problem.

Fortunately, prurigo nodularis can be controlled in most cases. There is no true cure for the problem but the medication I prescribe often helps significantly. Treatments include various creams, which are applied to the skin, pills, which control the itching, and injections into the affected areas. I will determine what is the best treatment of your individual case.

Prurigo nodularis can be a frustrating condition but in most cases therapy is available which helps significantly in treating it. If you have any other questions regarding this problem, please ask me before you leave the office.

PSEUDOFOLLICULITIS BARBAE (MEN)

Pseudofolliculitis barbae is a long and confusing name, which applies to a skin condition, which affects the beard area of certain patients. This problem occurs because the hair tends to curl quickly and penetrates the skin. Where the hair penetrates the skin, a small red bump or pimple forms.

Pseudofolliculitis is a problem, which is common in men. The reason why is that the hair tends to curl more quickly in some men. Since there is no way to change the way the hair grows, there is no true cure for this condition. Fortunately it can be controlled in the majority of cases.

The main treatment for pseudofolliculitis barbae is to prevent the hair from curling back inward. A permanent solution is laser hair removal to destroy all the hair follicles. The problem with this approach is that it requires many sessions and is expensive. The other approaches include keeping the beard shaved very closely or by allowing a beard to grow. When a beard grows the hair is long enough that it cannot penetrate back in. Unfortunately for many patients growing a beard is not a reasonable alternative. The other option is to keep the beard shaved close so the hair never becomes long enough to penetrate the skin.

There are many topical therapies, which help pseudofolliculitis barbae. One is topical Vaniqa cream which slows the growth of hair. I will recommend treatment that is tailored to your individual case. In addition, it is very important to remove any hair, which is growing back into the skin. It is not necessary to pluck it at the root, but you should pull out the side, which is growing back into the skin, and then clip the hair close to the skin.

Pseudofolliculitis barbae is a common condition and fortunately it can be helped in the majority of cases. If you have any other questions about this condition, please ask me before you leave the office.

PSEUDOFOLLICULITIS BARBAE (WOMEN)

Pseudofolliculitis barbae is a long and confusing name, which applies to a skin condition, which affects the beard and pubic area of certain patients. This problem occurs because the hair tends to curl quickly and penetrates the skin. Where the hair penetrates the skin, a small red bump or pimple forms. In many case the small bump leaves a darker mark.

Pseudofolliculitis is most common in patients of color. The reason why is that the hair tends to curl more quickly. Since there is no way to change the way the hair grows, there is no true cure for this condition. Fortunately it can be controlled in the majority of cases.

The main treatment for pseudofolliculitis barbae is to prevent the hair from curling back inward. A permanent solution is laser hair removal or electrolysis to destroy all the hair follicles. The problem with this approach is that it requires many sessions and is expensive. There are many topical therapies, which help pseudofolliculitis barbae. In addition, it is very important to remove any hair, which is growing back into the skin. It is not necessary to pluck it at the root, but you should pull out the side, which is growing back into the skin, and then clip the hair close to the skin.

Pseudofolliculitis barbae is a common condition and fortunately it can be helped in the majority of cases. If you have any other questions about this condition, please ask me before you leave the office.

PSEUDOFOLLICULITIS BARBAE

Pseudofolliculitis barbae is a long and confusing name, which applies to a skin condition, which affects the beard area of certain patients. This problem occurs because the hair tends to curl quickly and penetrates the skin. Where the hair penetrates the skin, a small red bump or pimple forms.

Pseudofolliculitis is a problem, which is most common in black men, but can occur in other patients as well. The reason why it is most common in black patients is that the hair tends to curl more quickly. Since there is no way to change the way the hair grows, there is no true cure for this condition. Fortunately it can be controlled in the majority of cases.

The main treatment for pseudofolliculitis barbae is to prevent the hair from curling back inward. This can be done by keeping the beard shaved very closely or by allowing a beard to grow. When a beard grows the hair is long enough that it cannot penetrate back in. Unfortunately for many patients growing a beard is not a reasonable alternative. The other option is to keep the beard shaved close so the hair never becomes long enough to penetrate the skin.

There are many topical therapies, which help pseudofolliculitis barbae. I will recommend treatment that is tailored to your individual case. In addition, it is very important to remove any hair, which is growing back into the skin. It is not necessary to pluck it at the root, but you should pull out the side, which is growing back into the skin, and then clip the hair close to the skin.

Pseudofolliculitis barbae is a common condition and fortunately it can be helped in the majority of cases. If you have any other questions about this condition, please ask me before you leave the office.

PSORIASIS ROTATIONAL THERAPY

One of the most effective treatments for localized psoriasis is the combination of two different topical medications. The first is one of the more potent topical cortisone (usually clobetasol or halobetasol) creams. The second is one of the topical vitamin D based ointments known as calcipotriene (Dovonex) or calcipotriol (Vectical). If these medications are used together they seem to work better than either one alone. The combination also has less side effects.

In the initial two to three weeks of treatment, both medications are applied once per day. The creamy cortisone medication is applied first and rubbed in completely. Then the Vitamin D ointment is applied immediately on top of the cream. Most patients find it easier to apply the medications at night at bedtime

Make a concerted effort to apply both salves each and every day for the first two to three weeks. Most patients notice a fairly dramatic improvement even after this brief period. At this point the treatment can be switched to weekend treatment. In this method the topical therapy is used on weekend days (Saturday and Sunday) only. This is done in the same fashion with the cortisone cream being applied first and the Vitamin D ointment second. Again most patients use the weekend therapy at night before bed.

In summary for the first two to three weeks two different topical medications are used together once per day. Thereafter the same medications are used on weekend days only. Most patients find this treatment quite successful with minimal side effects.

If you have any other questions regarding this treatment, please ask me before you leave the office.

PSORIASIS

Psoriasis is a common skin disorder affecting about 1 in 40 persons. In the United States more than 7 million people have psoriasis. The cause of psoriasis is not known. Many persons with psoriasis have blood relatives with this disorder, so heredity plays a role at least in some patients.

In psoriasis, areas of the skin grow much faster than normal and form red, scaling patches. The scalp, elbows, and knees are the most common sites, but any part of the skin may become involved. Fortunately, psoriasis is only a skin condition and does not affect your general health (in rare cases it may be associated with arthritis). Psoriasis is a problem because it itches and is unsightly. Psoriasis is *not* contagious.

Psoriasis usually begins in young adulthood, although it can start at any age. In most cases psoriasis is mild and is limited to a few areas of the body. In a small percentage of cases, large areas of the body may become involved. Psoriasis is unpredictable. Patches may clear up by themselves and even disappear for months or years.

While psoriasis is an unsightly nuisance, it should not prevent you from leading a full, active life.

You will be given individualized instructions for treatment of your psoriasis. Treatment is temporarily effective, and may need to be continued for quite a while. You will find it reassuring to know that (1) diet does *not* affect psoriasis, (2) psoriasis will *not* cause your hair to fall out, and (3) psoriasis is *not* caused by nerves. Stress may worsen psoriasis just as stress may worsen any illness.

If you have psoriasis of the scalp, it helps to wash your hair often. A medicated shampoo is also helpful.

Treatments for psoriasis are divided into two main forms:

1. Topical creams for small patches of psoriasis
2. Whole body treatment for more widespread psoriasis.

There are many types of topical treatments for psoriasis including emollients (Vaseline, dry skin cream), tar preparations, cortisone creams, the newer vitamin D based creams and combination products. Which you use depends on the type and severity of your psoriasis.

Among the whole body treatments are:

1. Ultraviolet light phototherapy helps psoriasis. This is done in the office 2-3 times per week by standing in a very specialized narrow band phototherapy (UVB) unit. Many patients improve in the summer because of the sunlight and if this is the case phototherapy is often very helpful.
2. Drugs such as methotrexate, cyclosporin, or acitretin given by mouth are used for stubborn or severe psoriasis. Each of these medications is generally very safe but each has potential risks and will be discussed individually if necessary.
3. Biologic medicines are usually administered via injection. They are very specialized and made from living cells. Biologic medication are often quite expensive and require prior authorization from insurance companies. Examples of these medicines are Enbrel, Humira, Stelara, Cosentyx, Remicade and Cimzia. Each of these medications is generally very safe but each has potential risks and will be discussed individually if necessary.

REMICADE (INFLIXIMAB)

Remicade (Infliximab) is a promising new treatment for psoriasis and psoriatic arthritis. Remicade was approved by the FDA in 1997 for the treatment of inflammatory bowel disease and rheumatoid arthritis. Nearly all of the medications that help these two conditions also help severe psoriasis and psoriatic arthritis.

Remicade is one of the new class of drugs called biologics. These drugs are engineered from proteins produced by living cells. The newest research focuses on psoriasis and psoriatic arthritis being caused by an overactive immune system. This medication specifically targets a substance called tumor necrosis factor which is responsible for producing much of the inflammation, redness and scaling of psoriasis.

Remicade is a unique medicine that is given via an intravenous infusion. This is done in the outpatient infusion area of the 295 Essjay Road, Buffalo Medical Group Infusion Suite. You are monitored by the nurse who administers the infusion. The dosage of Remicade is based on your body weight. It normally takes about two to three hours for the medication to be infused. There are usually no side effects associated with the actual infusion; however, there can be allergic reactions which are easily treated or preventable if they have developed with prior infusions. Hopefully the medication can be administered on a schedule that is convenient for you. The entire treatment course is three infusions over the first six weeks and in many cases an infusion every eight weeks thereafter.

In general, most patients who receive Remicade infusions do not experience any side effects. Before the treatment is done, a PPD test needs to be performed on the skin of your arm. This is a test which detects prior exposure to tuberculosis. If this test has not been done already, it can be easily performed in our office.

Occasional side effects associated with Remicade infusions include the mild allergic reactions associated with the infusion itself, headache or mild stomach symptoms. Rarely there can be severe allergic reactions. Because Remicade works on areas of the immune system, there are theoretical risks for increased infections or lymphomas. This requires you to be aware of your general health and report any problems such as a lingering cold or fever. If you have any problems with the treatment or the infusion, please let the infusion personnel know or call my office.

Remicade is a medication which is potentially a significant advance over the previous treatments for psoriasis and psoriatic arthritis. It seems to work better than the currently available treatments with the potential for fewer side effects. If you have any other questions regarding this medication, please ask me before you leave the office.

RETIN A CREAM

Retin A cream is one of the most effective medications in the use of acne and complexion problems. More recently it has gotten some publicity because of its effect on sun damaged skin.

Retin A is a very effective treatment for complexion problems, but it is important that you are aware of the proper way of using it. Normally Retin A is applied to the skin once per day at night. A small pea size amount is enough to cover the whole face. Small dabs from this pea size amount are applied and the cream is rubbed into the skin. Normally no cream should be applied over the Retin A. On the following morning your normal skin care routine can be followed.

Most people use Retin A without any problems. The only significant side effect is that it can produce redness and dryness. If your skin would become red, dry, or scaly, it will be necessary to decrease the frequency of application. In other words, you should skip the application on any given night when the skin is dry. Many people find they need to use the Retin A only two or three times per week. Other patients can use the Retin A once per day without any problems.

When Retin A is used to treat sun damaged or aged skin, it is used in the similar fashion. The strength of the Retin A cream is slowly increased as the skin is able to tolerate it. The changes expected with the continued use of Retin A are a subtle improvement in the fine wrinkling and a reduction in the pigment changes in the skin. It has not been proven, but Retin A may prevent sun induced growths and skin cancers. It may be necessary to use the Retin A for many years to gain these benefits.

If you are using Retin A for sun damaged and aged skin, it is important to use sunscreens regularly. Many patients find that the use of a moisturizer with a sun screen in it is the best approach since it can be used daily along with the Retin A. Purpose and Neutrogena are two types of moisturizers that contain sunscreens. In addition many of the cosmetic companies such as Clinique and Estee Lauder manufacture sun screen/moisturizer combinations.

If you have acne and/or complexion problems and are using Retin A, you can go out in the sun if you use caution. Since Retin A can dry your skin and the sun can dry your skin, the combination can be quite a problem in terms of developing redness and scaling. If you still have prolonged sun exposure such as on a vacation, please use a sunscreen on the first few days to make sure your skin does not get overly dry. If you have been on Retin A and your skin is not dry from it, cautious sun exposure can be undertaken without problems as long as the Retin A is applied at night.

Rhofade (oxymetazoline hydrochloride)

Rhofade (oxymetazoline hydrochloride) is a new topical therapy that can be of significant benefit for patients who have redness on the face. Sun damage and rosacea are common conditions in adults. These may lead to red areas on the face with visible blood vessels on the surface of the skin. It is often noticeable on the nose, cheeks, and chin but can be anywhere on the face. This is a skin problem and not related to any internal problems. Some patients who have facial redness develop occasional pimple-like lesions as part of the rosacea condition. These often respond to the usual oral or topical medicines used to treat rosacea. Unfortunately, these medicines may not help the flat red areas on the skin.

Rhofade (oxymetazoline hydrochloride) is a topical medication applied in a pea-sized amount to the red areas of the face once or twice a day. It is normally used in the morning. It is best to wash your hands after applying the medication. Try not to get the gel in your mouth or eyes.

Rhofade (oxymetazoline hydrochloride) works by reducing the blood flow to the skin by narrowing the blood vessels, a process called vasoconstriction. The effect of Rhofade in terms of decreasing redness is somewhat temporary, and the redness may return at the end of the day or by the next morning depending on when it is applied. It may not make your face appear less red permanently, but is quite effective if it is used regularly. Usually, there are no side effects with Rhofade gel. Similar to any topical medication, there are occasional cases where patients experience slight irritation. Fortunately, this is very uncommon. Rhofade is currently available only by prescription.

If you have any other questions regarding Rhofade gel or the application, please let me know before you leave the office.

RITUXAN (RITUXIMAB)

Rituximab (pronounced ri-tuk-si-mab) is a promising new treatment for severe autoimmune skin blistering diseases such as pemphigus and pemphigoid. It was approved by the FDA in 1998 for the treatment of blood cancers. Over one million patients have received this medication. Later, it was also found to be effective in treating several autoimmune diseases such as rheumatoid arthritis. It works by targeting and destroying immune system B-cells which are the cells making the antibodies attacking your skin.

Rituximab comes as a solution to be injected into a vein (intravenous infusion). It is administered by a doctor or nurse in a medical office or infusion center. The treatment is done in two separate infusions which are spaced 2 weeks apart (therefore the treatment requires a total of only two infusions). In the future infusions may be performed once every 6 months only if needed.

Rituximab must be given slowly. It may take a few hours to receive your first dose of Rituxan, so you should plan to spend most of the day at the medical office or infusion center. After the first dose, you may receive your medication more quickly, depending on how you respond to treatment.

Before Rituximab treatment, we will do blood tests which will be monitored while you are undergoing treatment.

Most patients experience only mild side effects during their first infusion of Rituximab. The most common symptoms are slight fever and chills. Less often patients experience tiredness, body and joint aches, nausea, headache, itch and rash. The symptoms usually settle if the infusion is stopped temporarily and are usually less severe with later infusions. There are medications given before each infusion to decrease any possible side effects of infusions.

Less common but more significant side effects include infection and low blood cell counts. You will be monitored for these side effects in the course of your treatment with routine blood tests. This also requires you to be aware of your general health and report any problems such as a lingering cold or fever, or any other new problems or health concerns.

Rituximab is a medication that has revolutionized treatment for patient's blistering diseases. It has produced true cures in many patients and can often decrease the need for other internal medications with more significant side effects such as oral steroids including prednisone.

If you have any other questions regarding this medication, please ask me before you leave the office.

ROGAINE PATIENT INFORMATION

Rogaine is a clear liquid medicine which is applied to the scalp twice per day. It is often beneficial in the treatment of hair loss.

Rogaine is the trade name for a liquid medicine which is made from a pill called Minoxidil. Minoxidil is an oral medication used to treat high blood pressure. Some of the patients who took Minoxidil for high blood pressure developed a side effect of increased hair growth. The company which made the Minoxidil pill thought that this may be a potential new treatment for hair loss. They took the tablets, ground them up and made a liquid out of them. This liquid is called Rogaine. Rogaine has been used in many different studies, both in men and women, for the treatment of hair loss.

It is difficult to be certain what you can expect with Rogaine. Some patients notice an increase in hair growth to cover previously bald areas. Most patients notice that the Rogaine seems to slow down or stop their hair from falling out any further. For many patients, this is all that they would ask. The question that cannot be answered right now is 'will Rogaine stop you from going bald completely, or will it just take a slight longer time for you to go bald?' There have been no studies done to answer this question. It is an important question because if you are going to go bald anyway only a year or two later, it probably is not worth your time and money to use this product. If it would prevent you from going bald it is definitely worth it

Rogaine is a very simple product to use. It is a clear liquid. It is rubbed into the scalp twice per day. It should be used after shampooing rather than before. Outside of a minor irritation in the skin, there are no significant side effects with its use. Not enough gets into the system to have any side effects on blood pressure.

I used to joke around with patients that the only side effect of Rogaine is in the wallet because of the cost. Fortunately this is no longer the case as the price has dropped significantly. There are actually three forms of Rogaine. There is the generic liquid, the brand name liquid, and the brand name foam. Most patients find the foam the easiest product to use and the least messy; however, it is also more expensive. I have personally seen the generic foam available at BJ's for less than thirty dollars for a four-month supply. The price of the brand name liquid and the brand name foam have also dropped significantly. It does pay to shop around to see which is the best option for your individual situation.

Rogaine may be of benefit for many patients with hair loss. It often works the best if it is combined with the oral Propecia pill if you are a man. If you have any other questions regarding the use of Rogaine, please ask me before you leave the office.

ROSACEA

What is rosacea?

Rosacea is a fairly common annoying facial skin problem of adults. The rash of rosacea has red areas and pimples. It is especially noticeable on the nose, cheeks, and chin, but can involve all areas of the face. Rosacea pimples resemble the acne pimples of teen-agers, and years ago rosacea used to be called adult acne. Rosacea is only a skin condition and is not related to your general health. Sometimes eye irritation occurs in rosacea. While in some persons rosacea causes mild itching or burning, its unsightly appearance is the usual reason for treating it.

What causes it?

The cause of rosacea is unknown. Rosacea is stubborn and often lasts for years. Food or beverages that cause facial flushing, such as alcohol, spicy foods, and hot soups and drinks, may make rosacea *temporarily* more noticeable. Many people associate the rash of rosacea with drinking because of some famous rosacea patients such as W.C. Fields. Alcohol can make rosacea appear more noticeable but it does not cause rosacea. Some patients have asked me for treatment just so others would not accuse them of drinking.

Treatment

Antibiotics are effective in controlling rosacea. Why antibiotics work is not known, since rosacea is not *an infectious disease*. Treatment only controls rosacea. Most persons with this condition need to continue taking antibiotics for months to years depending on how well their condition is controlled.

Antibiotics can be applied to the skin or taken by mouth. This works very well for the pimple part of the rosacea condition. There are many different types of antibiotics used for rosacea. Some antibiotics are in a gel form and rubbed into the skin. Other antibiotics are in a pill form. Based on your skin condition, I will determine which antibiotic is best for you.

As noted above, rosacea has two parts, the red areas and pimples. Antibiotics work well against the pimples. At times topical creams/gels are applied for the red areas.

Other than mild soap no special skin care is required. Most rosacea patients notice their skin is easily irritated so be gentle. Women can apply their normal make-up as desired.

SALICYLIC ACID (TOPICAL)

Warts are one of the most common reasons for dermatology visits. Common treatments include surgical removal, freezing them with liquid nitrogen, and various topical medications.

People have been attempting to treat warts with medication for thousands of years, and in that time many different treatments have been considered. However, only a few of them have been shown to be effective in eliminating warts with sound research. One of these proven medications is salicylic acid.

Salicylic acid remains the best tested wart therapy. It is also safe and reliable. It acts as a “peeling agent,” that causes shedding of the outer layers of skin. By applying this to a wart on a regular basis, you can wear it away over a course of weeks to a few months.

Salicylic acid is available over-the-counter, and comes in a variety of forms. Some options are liquid, gel, patch, lotion, and ointment. From experience, I often recommend the liquid version, which is 17% topical salicylic acid solution. Two common brand names are Duofilm and Compound W.

To use the topical solution, wash or soak the area for a few minutes, then dry the area thoroughly. Then apply the solution one drop at a time to the warts until they are covered. This should be done one time per day. Also, while this has shown to cure warts over 70% of the time, it could take 12 weeks before the warts are resolved. Make sure that you follow the instructions that come with the medication package, as it will only be effective if used both regularly and correctly.

As with all medications, there is a potential for side effects when using salicylic acid. You might experience some local dryness, irritation, or burning of the skin. A little irritation is normal. If you experience severe skin irritation or an allergic reaction, stop the medication immediately.

Remember, no single therapy has been proven effective at achieving complete remission in every patient. If this treatment fails to work within the expected time period, make an appointment for a return visit to assess what our next step will be. Depending on the progress, we will consider adjustments or a different treatment course.

If you have any other questions regarding this or any other treatment, please ask me before you leave the office.

SCABIES

Scabies is an intensely itchy skin rash caused by a tiny mite (bug) that lives on the top layer of the skin. Since it is only 1/60th of an inch long, the scabies mite is impossible to see without magnification.

The rash caused by the scabies mite usually involves the hands, wrists, breasts, genital area and waistline. In severe cases, though, the rash can spread to almost the entire body. This rash often resembles other itchy rashes in appearance, making it difficult to diagnose. The only definite way to prove a diagnosis of scabies is to do a skin scraping test, in which the mite is scraped off the skin and visualized under a microscope.

Scabies is highly contagious and can be spread by both direct and indirect transmission. Directly, it can easily be spread by close personal contact from one host to another. Therefore, all family members and other people with whom you have close contact need to be treated with the same medication to kill the mites. Even if these people are not experiencing the itchy rash, they still are at risk for infection since the incubation period between exposure and outbreak of the rash can be up to 4 weeks.

Indirectly, scabies can be spread by coming into contact with infected clothing, linens and towels. The scabies mite can survive off the skin surface for 24 to 36 hours at room temperature. Therefore, it is important that you wash all clothing, towels, linens, everything in your closet in hot water. Also, isolate all non-washable materials in sealed plastic bags for 2 weeks to assure all mites are dead. This is an important part of the treatment in order to prevent re-infection of yourself or your family members.

Treatment consists of applying a mite killing topical medication (Lindane, Permethrin, or both) to your skin. This cream should be applied to the entire body from the neck down, not just to the areas that itch. Special attention should be paid to the armpits, breasts, genital area, waistline, hands and under the fingernails. Rub the cream into the skin until it disappears completely. Leave the medication on overnight and shower if off in the morning. The medication should remain on your skin for 8 to 24 hours before it is washed off in order to be most effective at killing the mites. This same treatment is to be repeated in one week. Therefore, the medication is used two separate times, one week apart. Using the cream more often will not increase the efficacy of treatment and it may cause excess skin irritation.

Another treatment for scabies which is very effective is the use of an oral medicine called Ivermectin (Stromectol). This is in a single dose which is repeated in 10 days. The dosage is usually four or five pills taken all at once. Therefore, your prescription will likely have either 8 or 10 pills in total for two separate dosages. Most people who take this medication have no side effects.

Your itching and rash may continue at a low grade level even though all of the mites have been killed. This is due to an allergy to the mites and it is known as post-scabies dermatitis. Post-scabies dermatitis is not actual scabies but it is an allergic reaction to the recent scabies infection. At times, a different cream may be applied to these individual areas for treatment. Do not try to treat this itch with the mite killing medication because it could cause further skin irritation.

The itching rash of scabies usually clears up fairly quickly but as explained above, a low grade itching can persist for up to 2 months in some people. Please be sure to carry out the treatment exactly as I have instructed, adequately wash all potentially infected materials and make sure all close contacts are treated in order to prevent re-infection.

SEBACEOUS HYPERPLASIA

Sebaceous hyperplasia are small benign growths usually located on the facial skin. They represent small oil gland overgrowths. Normally the facial skin has a number of oil glands present. As time goes on, the oil glands enlarge in order to keep up with the production. This is what produces the small yellowish bumps.

Sebaceous hyperplasias are benign growths. They never become cancerous. At times I cannot be 100% sure by looking at the growth if it is truly benign or not. In this case a small sample of the growth would be sent to the laboratory to prove the diagnosis.

Sebaceous hyperplasias occasionally can run in families so it would not be unusual if a parent would have similar types of growths. Since the lesions are benign, no specific treatment is necessary unless they are a problem because of the appearance or protrusion from the skin.

If you have any other questions about these growths, please do not hesitate to ask me.



SEBORRHEIC DERMATITIS

Seborrheic dermatitis is a common, harmless, scaling rash that sometimes itches. Dandruff is seborrheic dermatitis of the scalp. Seborrheic dermatitis may also occur on the eyebrows, eyelid edges, ears, the skin near the nose, and such skin-fold areas as the armpits and groin. Sometimes seborrheic dermatitis produces round, scaling patches on the middle of the chest.

Seborrheic dermatitis results from skin not growing properly. The exact cause is not known. Seborrheic dermatitis is *not* related to diet and is *not* contagious. Nervous stress and any physical illness tend to worsen seborrheic dermatitis, but do not cause it.

Seborrheic dermatitis may appear at any age, either gradually or suddenly. It tends to run in families. Seborrheic dermatitis may last for many years and may disappear by itself. Often it gets better or worse without any apparent reason.

There is no cure for seborrheic dermatitis. However, it is possible to keep this nuisance under control. The treatment of seborrheic dermatitis depends on what part of the body is involved.

Dandruff, seborrheic dermatitis of the scalp, can usually be controlled by washing your hair often with medicated shampoos. Sometimes it is also necessary to use solutions or gels containing tar or cortisone. It is best to use the solution to the scalp at night before bed and to wash with the medicated shampoo on the following morning. Remember that dandruff is a harmless nuisance. It does *not* cause hair loss.

In areas of smooth skin such as the face and ears, cortisone-containing creams, lotions, or ointments are effective. Cortisones applied to limited areas of the skin do not affect your general health.

Once seborrheic dermatitis is under control, gradually use your medicines less and less. It may even be possible to stop the medicines completely, but occasional treatment is usually needed. Seborrheic dermatitis has a way of returning. If it does, resume the original treatment. The goal is to control the problem with the least amount of therapy as necessary.

SEBORRHEIC KERATOSES

What causes seborrheic keratoses?

Seborrheic keratoses are harmless, common skin growths that first appear during adult life. As time goes by, more growths appear. Some persons have a very large number of them. Some have very few. Seborrheic keratoses appear on both covered and uncovered parts of the body. They are not caused by sunlight. The tendency to develop seborrheic keratoses is inherited.

Seborrheic keratoses are harmless and never become malignant. They begin as slightly raised, light brown spots. Gradually they thicken and take on a rough, warty surface. They slowly darken and may turn black. These color changes are harmless

Seborrheic keratoses are superficial and look as if they were stuck on the skin. Under the microscope this type of keratosis looks like layers upon layers of skin. That is why at times the top layer may seem to fall off but the rest of the growth remains and regrows. Persons who have had several seborrheic keratoses can usually recognize this type of benign growth. However, if you are concerned or unsure about any growth, please ask me to check it.

Treatment

Seborrheic keratoses can easily be removed in the office. The main reason to remove a seborrheic keratosis is your wish to get rid of it. These reasons include its unsightly appearance, its symptoms (itching, burning), if it rubs against your clothes or jewelry, or if it gets nicked when shaving.

If any individual growth changes such as bleeding, crusting or increasing in size, then please return to have it checked.

SECUKINUMAB (COSENTYX)

Secukinumab (Cosentyx) is a promising new treatment approved by the FDA in 2015 for psoriasis. It is one of the new classes of drug called biologics. These drugs are engineered from proteins produced by living cells. This medication specifically targets a substance called IL-17A, which is responsible for producing much of the inflammation, redness, and scaling of psoriasis.

In the past, psoriasis was treated with either local treatment, such as creams or ointments, or whole body treatment, such as phototherapy or oral medications. In many cases, these treatments can be effective, but in other cases are not successful.

Secukinumab is a medication that is self-injected once a week for 5 straight weeks, and then once per month thereafter. The administration is quite easy to perform and we will instruct you on the proper way to do this. All of the materials for injection are supplied with the prescription.

Before the treatment is started, a PPD test may need to be performed on the skin of your arm. This is a test which detects prior exposure to tuberculosis. If this test has not been done already, it can easily be performed in our office. Although there have not been any problems, there is a chance that Secukinumab can have effects on your blood, liver, and kidney, and thus blood counts are periodically monitored.

Side effects of the medication are usually rare, with the majority being mild in intensity. The most common side effects include diarrhea and cold-like symptoms. As with any medication, there are potential allergic reactions. Because secukinumab works on areas of the immune system, there are theoretical risks for increased infections and lymphoma. This requires you to be aware of your general health and report any problems, such as a lingering cold or fever. There have been reports of worsening Crohn's disease / Ulcerative colitis in people taking secukinumab, so please let me know if you have this condition. The cap of the medication contains latex, so please also let me know if you have a latex allergy.

Secukinumab is a medication which is a major advance over the previous treatments for psoriasis. It seems to work better than the conventional treatments with fewer side effects. If you have any further questions regarding this medication, please ask me before you leave the office.

SKIN CANCER (BASAL-CELL CARCINOMA)

What causes skin cancer?

The skin cancer (basal-cell carcinoma) for which you are being treated is common and *always curable*. Basal-cell cancers are the result of sun damage to the skin. Sunlight ages the skin cells, causing their growth to be disturbed. A basal-cell cancer begins as a small spot that grows slowly and relentlessly until treated. Basal-cell cancers enlarge steadily, but they *never* spread to distant parts of the body and *never* invade internal tissues.

Microscopic examination is necessary to determine whether a growth is cancerous. This is why the biopsy test was done.

Skin cancers are most common on the face, neck and arms since these are the sun-exposed areas. Fair-skinned individuals are more prone to skin cancer than darker persons, since skin pigment protects the skin.

Treatment

Basal-cell cancers are best treated early, when they are small, since it is simpler to remove a small growth than a large one. Surgical removal of basal-cell cancers is almost 100% curative.

Very rarely a cancer will grow back. In order to detect this rare event, the treated area should be checked periodically. If you become concerned about the treated area or if other skin growths appear, please return to my office promptly.

Prevention

The skin-damaging effects of sunlight are permanent and build up slowly over time. As many as 40-50 or more years can pass between the time of sun exposure and the time the skin shows signs of sun damage. Thus, children and teenagers often pay for their sunburns and deep tans when they reach their 50s and 60s. There is no way of undoing sun damage. You can prevent further skin injury by using sun-protective measures such as protective clothing and sunscreens.

With the passage of time, skin cancer patients can develop additional skin cancers. If you notice a new growth or a sore that does not heal be sure to have it checked.

SKIN TAGS

What causes skin tags?

Skin tags are harmless common skin growths that first appear during adult life. As time goes by, more growths appear. Some persons have a very large number of them. Skin tags tend to occur in certain areas of the body, although they can be located anywhere. Most people have skin tags in the folds of the neck, under the arms, under the breasts or in the groin. These are the skin fold areas. The tendency to develop skin tags is inherited; so most patients can remember a family member who has similar types of growths.

Skin tags are harmless and never become malignant. They begin as slightly raised light brown spots. Gradually they enlarge to a certain point. Often times they are on a small stalk, which can be twisted. If this happens, the skin tag may become inflamed or bleed. These changes are harmless.

Treatment

Skin tags can easily be removed in the office. The main reason to remove a skin tag is your wish to get rid of it. Usually this is because it is raised from the surface and constantly becomes inflamed due to rubbing from the clothing, jewelry, or undergarments.

If an individual growth would change or become inflamed, then please return to have it checked.

SOAKING

Soaking is an important part of treatment for many different types of skin conditions. It is used for types of open or oozing skin conditions. It is a simple procedure to do if you follow these instructions.

Normally a washcloth is used to soak the affected area. If the area is quite small or quite large, other types of gauze or larger towels could be used. If you need to soak your hands or feet a small bucket or the bath tub could be used. The washcloth is placed in a lukewarm solution and applied directly to the area. This is done for approximately 10 minutes twice a day. After the area is soaked it can be pat dried and then the topical ointment that I suggest can be used.

The soaking solution can be plain lukewarm water. In some cases I recommend using a salt water solution by dissolving one teaspoon of salt in a pint of water. The solution can be kept in the refrigerator and reused. It should be at room temperature when it is applied to the affected areas of the skin.

Again soaking is a simple procedure. It involves using a lukewarm water solution with a washcloth applied to the area twice per day. The area is then pat dried. Then a topical product is applied and the dressing or band-aid as needed.

If you have any other questions about this procedure, please ask before you leave the office.

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SOLAR LENTIGO/LENTIGINES (LIVER SPOTS)

Solar lentigines are benign growths. They appear as flat, brown, freckle-like areas. Most commonly they occur on the face, neck, the outer aspects of the arms, and the backs of the hands. They are related to low grade cumulative sun exposure usually in your younger years.

Some people refer to solar lentigines as liver spots. These growths have nothing to do with any liver problem or any other internal illness. They are totally benign. They indicate previous sun damage in the skin and not old age.

Solar lentigines are slightly different from true freckles because freckles go away in the winter and reappear in the summer. The sun-induced lentigines are present year round. They can slowly darken with time. It is important to use a moisturizer with a sunscreen on a regular basis to prevent darkening of these lesions and to prevent new ones from forming. .

In general, solar lentigines do not need any treatment. In fact, it can be quite difficult to remove large numbers of these lesions. Treatments such as laser or peeling procedures done by a cosmetic dermatologist may be required. There are topical treatments which can help lighten these discolored spots. These creams are vitamin A derivatives, such as over the counter retinol products, prescription tretinoin (Retin A) type products or prescription bleaching creams.

Occasionally, individual lesions would require testing or treatments such as liquid nitrogen freezing.

In general, these sun-induced growths are totally harmless. They can be a problem because of their appearance. They are not precancerous. If any individual growth would seem to change in terms of rapid growth, bleeding, or crusting, please point this out to me.

If you have any other questions regarding these growths, please do not hesitate to ask me after you read this.

SOLARAZE

Solaraze gel (3% diclofenac sodium) is a new medication for the treatment of multiple actinic keratoses. Actinic keratoses are the dry, red, scaling spots on the skin caused by sun damage. They often appear as the rough or uneven texture on facial skin. These spots are not true skin cancers, but in rare cases may turn into cancer years later. Treatment of these spots requires removal of the defective skin cells.

As you probably have experienced, there are various ways to remove actinic keratoses, including freezing with liquid nitrogen and actual removal off the surface of the skin with types of scraping procedures. In addition, there are other creams that have been used to treat actinic keratoses. These creams often produce a significant amount of irritation in the skin and it is difficult for most patients to follow through with this treatment.

Solaraze is a new medication, which is a type of non-steroidal anti-inflammatory drug. It is chemically related to products such as Motrin or Advil. Its safety and effectiveness has been shown in many research studies. In addition, I have found many of my patients have benefited from the use of this medicine. It acts by stopping the process of inflammation involved in the formation of actinic keratoses. It can destroy the defective skin cells and can smooth out the rough scaling spots on your skin. This may also help in preventing the progression of actinic keratoses to skin cancer.

Solaraze is an easy to apply non-greasy gel. It should be applied as a thin layer to the affected area of the face once per day, preferably at night. Sunscreen should always be worn during the day to prevent further sun damage. Most patients put a sunscreen and/or moisturizer with sunscreen on in the morning and the Solaraze gel at night. The only significant side effect of Solaraze is local irritation. This would develop as some slight redness or irritation in the affected areas. A small amount of irritation is to be expected, but if it would become more of a problem then the Solaraze should be temporarily stopped and when it is restarted, used less frequently. There are no known drug interactions with Solaraze applied to the skin.

Solaraze is an advance in treatment and offers an easy way to treat sun damage and actinic keratoses. It can smooth out your skin as well as stop the cycle of actinic keratoses becoming larger and requiring surgical treatment.

If you have any other questions regarding this medication, please ask me before you leave the office.

SOOLANTRA (TOPICAL IVERMECTIN)

Soolantra is a topical medications that was FDA approved in December 2014 to treat rosacea, a fairly common annoying facial skin problem of adults. The rash of rosacea has red areas and pimples (please see the rosacea information sheet for more details).

Traditional treatment for rosacea includes both oral and topical antibiotics, and I may have previously prescribed one of these agents to you. Soolantra is thought to work a little bit differently. For yet to be discovered reasons, mites called Demodex that live on most people's skin may cause rosacea in certain people. Soolantra is thought to destroy these mites to reduce the inflammation that causes the redness and pimples. The exact way in which it works, however, is not known.

Soolantra is only to be used on the surface of the skin and never to be ingested, put on the eyes, lips, or genital area. A pea-sized amount is to be used once daily to all affected areas of the face. Many patients see improvement in their rosacea symptoms within a few weeks.

Soolantra has very few side effects. The most common is skin burning and irritation.

As I noted above, Soolantra is a new agent for the treatment of rosacea. If you have any other questions regarding this medication, please let me know before you leave the office.

SORIATANE (ACITRETIN) THERAPY

Soriatane is an oral medication, which is very effective in severe psoriasis. In the vast majority of cases, Soriatane is a safe medication when used properly. As with all medications, it is important to take the Soriatane in the proper way and to be aware of the potential side effects.

Soriatane is a pill that is taken once daily. It is absorbed best if taken with food. The dosage is based on the psoriasis condition and your body weight. Before Soriatane is started, blood tests are performed to make sure there are no pre-existing conditions. The blood tests are repeated during the course of your treatment so that any potential problems can be prevented before they would develop.

Soriatane does have some common side effects, which are minor. The majority of people who take Soriatane develop a mild dryness of the lips and mild peeling on the hands or feet. This is usually controlled using lip therapy or moisturizers. The other common side effect is a slight thinning of the hair. Very few patients notice a visible thinning but there may be an increased amount of falling out. This is not a permanent condition, as the hair that falls out tends to fill back in with time. Usually this does not occur at the low dosages normally prescribed.

When Soriatane is used alone in the treatment of psoriasis the results are often slow. It may take months for a major change in the psoriasis to occur. It is, however, one of the more convenient medications to take in terms of a pill once per day instead of rubbing cream on constantly or going for light therapy each week.

The best way of taking Soriatane is to combine it with phototherapy. In this regimen, the Soriatane is taken at a lower dose on a daily basis and the phototherapy treatments are administered two or three times per week. This combination is one of the most effective forms of psoriasis treatment. It decreases any side effects of either treatment. The pill actually seems to make the phototherapy treatments more effective.

Again, Soriatane is a very safe and effective pill in the treatment of psoriasis. It is important to take this medication in the proper way. If you have any other questions about it, please do not hesitate to ask before you leave the office.

SPIRONOLACTONE

Spironolactone is a pill that is very effective for many skin conditions in women. It has been used to treat water retention for the past fifty years. In 1991, it was found to be highly effective in the treatment of hormonally related conditions in women. These are conditions that are generally NOT caused by abnormally high or low hormone levels. In fact, hormone levels are usually normal. The problem lies in how much hormone is used at its destination, in this case, your oil glands and hair follicles. If your oil glands and hair follicles over-react to normal fluctuations in your hormones, you may end up with any or all of the following:

- Adult Acne: This is NOT the same as teenage acne so it may not respond to standard acne treatments that are used for teenagers.
- Unwanted facial or body hair: The same hormones can cause hair LOSS on the scalp and hair GROWTH on other parts of the body. This is because different hair follicles have different hormone receptors.
- Female Pattern Hair Loss: Thinning of the hair occurs, mainly in the central area, however, women never go completely bald.

Spironolactone does not change your hormone levels, thus hormone related side effects are avoided. It works by preventing hormones from binding to your hair follicles and oil glands. After years of experience, side effects are rare; however, no drug is completely free of side effects. Some patients can experience minor menstrual cramping and menstrual irregularities. The use of birth control pills with spironolactone can help prevent these minor menstrual issues. Breast tenderness, increased urination and fatigue have also been reported. The package insert also mentions reports of “tumors in laboratory animals”. This is a drug that has been used for many decades, with many people taking it daily and there is no evidence that it has caused a single tumor in a human.

Spironolactone should not affect your blood pressure if it is normal. If you are currently being treated for high blood pressure, you may be able to substitute spironolactone for one or more of your current medications or it may increase the effects of your current medications. It **SHOULD NOT** be used with blood pressure medications known as ACE Inhibitors. Please make sure to ask your primary care doctor about any interactions between your current medications and spironolactone. You may not be able to take Spironolactone if you have liver or kidney disease, or diabetes mellitus.

Spironolactone is absorbed better when taken after a meal. It should be taken regularly the same time each day such as after breakfast or after dinner. It often takes three to four months to have a beneficial effect but many patients experience improvement before that. You may remain on spironolactone for many months or even years if its effects are beneficial.

If you have any questions about this medication please ask me before you leave the office.

SQUAMOUS CELL CARCINOMA (SKIN CANCER)

Squamous cell carcinoma is a form of superficial skin cancer. It is a form of skin cancer which tends to occur in fair-skinned people who have received significant sun exposure especially when they were younger. This type of skin cancer normally appears as a small red crusted or scabbed spot in the skin which never seems to heal properly. It may bleed at times.

Squamous cell skin cancer is common and in the vast majority of cases always curable. Microscopic examination is necessary to determine whether a growth is cancerous. This is why the biopsy test was done.

Skin cancers are most common on the face, neck and arms since these are the sun-exposed areas. If a person develops one skin cancer there is a slightly greater chance that they will develop another one in the future. This is why it will be necessary to examine your skin periodically to check if any new growths have developed or if any growths have changed.

Squamous cell skin cancers are best treated early when they are small since it is simpler to remove a small growth than a large one. Surgical removal of squamous cell cancers is almost 100 % curative.

Very rarely a skin cancer will grow back. In order to detect this the treated area should be checked periodically. If you become concerned about the treated area or if any other new growths appear, please return to my office promptly.

Many patients are surprised when I tell them that the skin cancers are related to sun exposure since they really don't get any sun exposure at present. This is because the skin cancers arise from the sun when you were very young such as 5, 10 or 20 years old. It is important to minimize any further damage by using sunscreens regularly. I do not recommend you become a hermit and avoid all sun exposure but if you do go outside or are in a sunny area, please use sunscreen regularly.

Although technically this type of growth is a true cancer, it is confined to the skin in the vast majority of cases. Fortunately treatment is almost always curative. If you have any other questions about this type of growth, please do not hesitate to ask before you leave the office.

SSRI MEDICATION

Sometimes patients have abnormal and uncomfortable sensations in their skin such as itching and burning. Often there is no specific cause for these abnormal sensations and medicated lotions do not help. These sensations can be quite bothersome, often disturbing sleep and affecting your quality of life. SSRI medications can help relieve these sensations and make you feel better.

SSRI stands for Selective Serotonin Reuptake Inhibitors and refers to a group of medications that have similar effects. Some common names of SSRIs are Celexa, Lexapro, Prozac and Zoloft. Although SSRI medications are most commonly prescribed for the treatment of depression and anxiety, many physicians prescribe these medications for the safe and effective treatment of certain skin conditions.

SSRIs are typically taken once per day. It may take two to three weeks for the medication to have its full effect. In most cases, these are very well tolerated. As with any medication, there are potential side effects. Depending on the individual type of SSRI medication prescribed, some of the side effects include sleepiness, anxiety, nausea, dry mouth, diarrhea, constipation, and decreased sexual drive. These side effects are uncommon and happen in few patients and can resolve even while continuing the medication. If you are having a problem with the medications you are concerned about, please call the office.

As with any medication, it is important to let me know what other medication you are taking to make sure that there are no interactions. In addition, if you would start a new medicine, it is important to tell that physician you are taking SSRI medication.

As I noted above, SSRI medication can be very helpful in some of the more frustrating types of skin conditions that produce the abnormal sensations in the skin. It is important to give the medicine a fair shot at helping your problem in terms of taking it regularly for three to four weeks.

If you have any other questions about these medicines, please ask me before you leave the office.

STASIS DERMATITIS

Stasis dermatitis is a common skin problem, which tends to occur on the legs. Stasis is a word referring to the circulation problem, which causes this condition. Dermatitis is a word referring to the red, scaly and sometimes itchy areas in the skin.

Stasis dermatitis occurs because the circulation in the legs is not quite as good as it used to be. At times blood can actually leak out of the blood vessels in the skin and cause the discolored or brown areas present. The skin on the surface can be dry, red or scaly. Because of the circulation imbalance there can be some swelling of the legs as well.

Stasis dermatitis is a condition, which can be controlled, but not truly cured. This is because the underlying vein or circulation problem cannot be corrected. Normally different combinations of cream medication are used to control the problem. The cream used to treat the problem is based on the type of stasis dermatitis you have. I will explain your treatment, which is individualized for your specific problem.

At times patients with stasis dermatitis can develop small ulcerations in the skin. These are known as stasis ulcers. It is important to try to avoid ulcers such as this because they heal so slowly. These can be prevented by minimizing any injuries to the area.

Although this problem cannot be cured, the treatment will help significantly in controlling it to a manageable level. If you have any other questions regarding this condition, please do not hesitate to ask me.

STATE OF THE ART SKIN CARE

Patients frequently ask me about the latest techniques to keep their skin looking young and free of blemishes. Among the most common concerns are fine lines and pigment changes on the face. We now know that such changes, in addition to skin cancer, are strongly related to chronic sun exposure, especially in those patients who burn easily and/or have fair skin. Many sun induced changes are subtle, accumulating slowly without being noticed until years later. Despite the fact that we cannot turn back the clock after years of exposure to the sun's ultraviolet rays, there are proactive measures. These treatments offer help to reduce the effects of sun damage on the skin. The first step is to use a daily moisturizer product that contains sun protection each and every morning even if you will not be going outside. There are many products that are available in supermarkets, pharmacies, and the makeup counters of department stores. Such products include Neutrogena, Cerave, Eucerin, Cetaphil, Clinique, and Estee Lauder. These sunscreen moisturizer products improve the overall condition of facial skin and the sun protection will prevent further damage. When such a product is started, it is best to be used by itself for a short time to make sure that it is well tolerated and does not produce a rash or has an unpleasant feeling on your skin.

Using the sunscreen moisturizer product in the morning does not limit the use of your regular cosmetic routine. It is perfectly acceptable to use products such as a foundation, powder, or bare minerals over these products. In general, it is better to keep the system simple in terms of a mild cleanser, your sunscreen moisturizer, and the makeup of your choosing. Most brand name makeups do not cause problems with the skin such as clogged pores and acne.

After the first step of using the sunscreen moisturizer product in the morning, the next step is the addition of a topical retinoid product to be used at bedtime. You may have heard of products such as Retin-A or Renova. These are retinoid products derived from vitamin A and work to improve wrinkling and pigment changes in the skin. There is also a chance that these products may slow or prevent the progression of sun induced growths and skin cancers. The use of retinoids is often considered cosmetic therefore these prescriptions may not be covered by insurance companies.

Retin-A, Renova, and other similar products (tazarotene, adapalene) can be slightly drying or irritating on the skin especially when they are first started. Therefore, it is best to start the cream I prescribe for you by using it sparingly every two or three days. As you learn how your skin responds to the cream, you should be able to slowly increase the use and hopefully use the product each night. The cream should be applied at bedtime to your entire face and not just to individual spots. The cream can be cautiously applied close to the eye. If some would get in the eyes, it may cause local irritation but it is not dangerous. Since the product is applied at night, it is best not to use any other cream over the top. Retinoids are safe for use over many years and the strengths and the dose of the cream prescribed will be determined in the office based on your individual skin. As your skin becomes used to the cream we may be able to increase the strength to improve the beneficial effect.

Again the state-of-the-art for skin care is to use a sunscreen/moisturizer in the morning and a retinoid product such as Retin-A or Renova at night. While not a miracle cure, with the use of these treatments you can expect to see improvements in the overall texture and appearance of your skin. If you have any other questions about these medications, please ask me before you leave the office.

STEATOCYSTOMA MULTIPLEX

Steatocystoma multiplex is a long and fancy name for a harmless benign condition in the skin. The first part of the term, steatocystoma, refers to a specific type of benign cyst. The second part of the term, multiplex, refers to the fact that there are usually multiple lesions present.

Steatocystoma multiplex is characterized by clusters of small, tiny benign cysts in the skin. These range in size from a few millimeters up to half an inch in diameter. A cyst is a growth characterized by a small pea-like lesion below the surface of the skin. When squeezed, the cysts sometimes exude white-yellow fluid. Steatocystoma-type cysts can appear virtually anywhere on the skin but are more commonly found on the upper part of the body including the chest, neck, abdomen, and back. Steatocystoma multiplex is primarily an inherited condition; however, many cases have been reported where there is no apparent inheritance pattern. The lesions usually first appear in teenagers or in young adults.

The individual cysts are usually not painful and usually do not cause any symptoms. Occasionally, individual lesions may rupture underneath the skin and produce some slight redness around the cysts. In most cases, steatocystoma multiplex is not treated since there are a large number of lesions and each individual cyst would require surgical removal and/or drainage. If an individual cyst is bothersome then this can be treated in the appropriate way, depending on the specific situation.

Again, steatocystoma multiplex is a condition characterized by multiple harmless benign cysts. It is not a sign of any internal problem. If you have any other questions regarding this condition, please do not hesitate to ask me before you leave the office.

STELARA (USTEKINUMAB)

Stelara (Ustekinumab) is a promising new treatment for psoriasis. The FDA approved Stelara in 2009 for the treatment of psoriasis. It is one of the new classes of drugs called biologics. These drugs are engineered from proteins produced by living cells. The newest research focuses on psoriasis being caused by an overactive immune system. This medication specifically targets the shared subunit of substances called interleukin-12 and interleukin-23, which are responsible for producing much of the inflammation, redness, and scaling of psoriasis.

In the past, psoriasis was treated with either local treatment such as creams or ointments or whole body treatment such as phototherapy or oral medications. In many cases, these treatments can be effective, but in other cases are not successful.

Stelara is a medication that is administered in my office. The typical course is a subcutaneous injection once the medication is initially obtained, followed by another given in 4 weeks. Then an injection is given once every 3 months thereafter. The dosage of Stelara is based on your body weight. The long half-life of Stelara allows for the advantage of prolonged effectiveness with an infrequent dosing schedule. The administration is quite easy to perform and usually you are in and out for your appointments.

Before the treatment is started, a PPD test needs to be performed on the skin of your arm. This is a test that detects prior exposure to tuberculosis. If this test has not been done already, it can be easily performed in our office. Although it has not been shown, there is a chance that Stelara can have effects on your blood, liver and kidney, thus blood counts of these cells are measured at each of the visits.

Side effects with this treatment are usually rare with the majority being mild in intensity. As with any medication, there are potential allergic reactions. Because Stelara works on areas of the immune system, there are theoretical risks for increased infections and lymphomas. This requires you to be aware of your general health and report any problems such as a lingering cold or fever. If you have any problems with the treatment, please let me know.

Stelara is a medication that is potentially a significant advance over the previous treatments for psoriasis. It seems to work better than the more conventional treatments with fewer side effects. If you have any further questions regarding this medication, please ask me before you leave the office.

STUBBORN WART TREATMENT

Hot water soaking

For certain stubborn warts on the hands and feet soaking in very hot water is an effective treatment. The water should be approximately 110°F. This is almost too hot to stand but it seems that the high temperature is able to destroy the wart virus. Normally the soaking is done for 10 to 15 minute periods, once per day. Most patients do it at night while they are reading or watching television. To do the treatment properly you may need some hotter water near by to add small amounts to keep the temperature at approximately 110°. After soaking the warts in this hot water, simply pat the area dry. If you are using one of the over the counter medications it can be applied at that point. This treatment is slow and may take many weeks to work but has been effective in many patients.

Duct tape occlusion

Keeping a wart covered with a material such as duct tape often works very well especially if the warts are in an area which can be kept covered such as the tip of a finger. The best way to use this method is to cover the wart with the tape or other occlusive material. Leave the material on for as many days as possible up to 5 days. When the material is removed normally the wart usually appears mushy and white. At that time removal of the white material with a file or emery board is quite helpful. After giving the area a day rest, the material should be reapplied.

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Oral medication for immune-stimulation

There have been recent reports that stimulating the immune system can allow your own body to destroy stubborn warts. Unfortunately there is no magic bullet medicine which can accomplish this goal. One of the commonly prescribed medications for stomach problems is ranitidine. This medication may stimulate your immune system to destroy the warts. This medication is extremely safe and has been used in young children and older patients for decades. It is an oral medication normally taken twice per day. I will let you know which specific dose would be appropriate in your case. Normally this medication is taken for two months. If there has not been any response after that point, it will not likely work.

STUCCO KERATOSES

Stucco keratoses are benign harmless growths on the skin that are often seen in adults. The name is derived from the resemblance of the lesions to old stucco on the sides of houses. A stucco keratosis is technically a type of seborrheic keratosis which are the common brown benign growths that adults often have on their trunk. Stucco keratoses are typically small, white or gray in color, and often appear on the arms, hands, legs, and feet where the oil glands in the skin are less active. Most patients have a number of these growths present. These types of lesions never become malignant.

Stucco keratoses are normally asymptomatic and often go unnoticed. Some patients have less than ten spots while others can have hundreds. Usually treatment is not required since these lesions are benign. The best way to decrease the appearance of these lesions is to apply a moisturizer after your bath or shower. There are specific moisturizers that are often used which are more effective.

If an individual stucco keratosis is bothersome then removal can be arranged. It is usually not feasible to remove all of these lesions because of the sheer number. Another treatment that may be used at times is liquid nitrogen which is a light superficial freezing and causes the lesion to peel off and disappear.

Stucco keratoses are benign growths. I often joke with people that these are signs of wisdom and maturity since they tend to occur with time but actually are genetically related. Usually the best treatment is to apply a moisturizer after a bath or shower. If you have any other questions regarding these growths, please do not hesitate to ask before you leave the office.

SULFA ANTIBIOTIC INFORMATION

Sulfa pills are a group of antibiotics, which are taken internally. They are very effective treatment for acne and other forms of skin conditions.

The most common sulfa pill taken for skin problems is a pill known as Bactrim or Septra. This pill is usually taken once or twice a day depending on your condition. It is important to take your pill or pills at the same time each day so that you get into the habit of taking them regularly. This is very important for skin problems. It does not matter whether you have a full or empty stomach since these pills are absorbed well under all circumstances.

Sulfa pills are remarkably safe antibiotics even when taken for prolonged periods. One problem that you should be aware of is a skin rash, which could develop rarely. This would appear as a sunburn type of rash, which would be on many parts of your skin. If a rash would develop from taking these medicines, please stop the pill immediately and let me know.

As with any internal antibiotic medicine, rare side effects such as stomach upset, sun sensitivity, or vaginal yeast infections in women can occur. If you have any problems with taking your medication, please do not hesitate to call me.

Sulfa pills interact with very few other medications. As with all internal medicines, you should not take these pills if you are pregnant or nursing.

If you have any other questions about your treatment, please ask me after you read this form.

SUPERFICIAL FUNGAL INFECTION (TINEA)

A superficial fungal infection in the skin is a common problem. It normally appears as red, scaling, and itching areas. Some patients have only one tiny spot. Some patients have spots which are fairly widespread. In some cases the condition can be confined to one area such as the groin or a single hand. In some other cases it can be quite spread out.

Fortunately, a superficial fungal infection of the skin is completely curable. Patients normally use a pill and / or a cream to treat this problem. This is based on how extensive the condition is and what was used prior to my evaluation.

The cream used for the superficial fungal infection is applied twice per day to the affected areas. It is important to continue the cream until the condition is completely gone.

In some cases a superficial fungal infection appears in the skin as one or more round, red, scaly spots. People have referred to this appearance as "ring worm". Therefore, most cases of a superficial fungal infection are a type of "ring worm".

Many patients ask me if this skin condition is contagious. Technically it is a contagious problem but only if the affected areas of the skin would rub very closely to open areas of another person's skin. Therefore, it is highly unlikely to be spread in this fashion. It is important to realize that as soon as the cream and pill treatment is started, the condition is no longer contagious.

In summary, a superficial fungal infection is a common, but 100 % curable, skin problem. It normally goes away quite quickly after the treatment. It does not leave any permanent marks or scars. If you have any other questions about this condition, please don't hesitate to call me before you leave the office.

SUPERPOTENT CORTISONE THERAPY

I have recommended you receive treatment with a superpotent cortisone medication. This is a cream or ointment, which is rubbed into the skin to the affected areas. It is extremely important that this treatment be used in the proper way to avoid any potential side effects.

As you probably know, one form of cortisone treatment is available over the counter. The major difference is that the prescription superpotent cortisone treatment is approximately 2,000 times stronger. Therefore, when used improperly these superpotent creams can produce side effects.

Superpotent cortisone creams are never to be used on the facial skin or skin fold areas such as under the arms, in the groin, or on the rectal area. The reason for this is that the creams could cause some thinning of the skin. Therefore, it is important never to give this medication to anyone else because it works so well for you. This medication is strictly reserved for the treatment of your skin and to only the affected areas. When the prescription medication is applied, it is generally used once per day to the area on the body where the problem exists. This normally is on the hands, feet, arms, or legs.

If you use the medication faithfully once a day the problem will normally clear or be significantly improved within a matter of two weeks. Once the problem is clear the medication can be used once or twice per week in order to keep it that way. Therefore, the first two weeks the medication is applied once per day, thereafter, it is used once or twice per week. As long as the medication is used according to the above guidelines, these creams are both safe and effective for the treatment of many skin problems where other medications did not work in the past.

If you have any other questions regarding your prescription please do not hesitate to ask me before you leave the office.

SYRINGOMA

A syringoma is a benign growth. The term is derived from syringo, which describes a portion of a normal duct that occurs in the skin. Syringomas frequently occur close together in small groups around the eyes and the upper cheek. They can occur in other areas of the body, particularly the forehead, armpits, upper chest, abdomen and groin. Usually these measure about 2 or 3 mm, and are flesh colored or yellow bumps. Sometimes they appear “pimply”. They are more common in women than in men. They often form after puberty. They are benign and never turn cancerous. The cause of syringomas is not known. They do have a tendency to occur in families, which indicates there is a genetic tendency for their growth. In other words, if you have syringomas there is a fairly good chance that someone else in your family has them as well. In general, these growths are not associated with any internal problem.

Usually, syringomas do not cause any symptoms. Since they are a growth, they are permanent. With time they can slightly enlarge. They do not have a cancer potential and they cannot be spread by touching. Some patients are concerned about the visual appearance of the growths. There are various ways to remove syringomas and I can discuss the options with you. The potential benefit of removal however must be weighed against the potential for scarring that can result depending on the location and the number of syringomas that are removed.

Again, syringomas are benign growths and in most cases, require no treatment. If you have any other questions regarding these lesions, please do not hesitate to ask before you leave the office.

TACLONEX THERAPY

One of the most effective topical treatments for localized psoriasis is an ointment called Taclonex. This is a combination of two different medications. The first is a topical vitamin D based ointment called calcipotriene (Dovonex). The second is one of the more potent topical cortisone creams called betamethasone. In the past these medicines were applied separately and mixed together. It is much easier to use the new Taclonex product since it only has to be applied once per day. In addition, the combination of the two agents has fewer side effects than using both separately.

Taclonex ointment should be applied once per day. I strongly urge you to make a concerted effort to apply the medication every day for a period of approximately two to three weeks. After this time frame you should notice a significant improvement in your skin condition. Thereafter the medication can be used once or twice per week to maintain the improvement.

Since Taclonex has a slightly greasy feel, most patients find it best to apply the medication at night before bed but it is perfectly fine to apply it whenever it is easier for you to remember. The most important aspect is to use the medication regularly in the first few weeks and then to use it intermittently as needed.

Many patients with more extensive psoriasis have a few scattered patches that are stubborn and resistant to treatment. This is another situation where the topical Taclonex has significant advantages and should be used in the same fashion as I mentioned above.

Most patients who use Taclonex therapy do not have any side effects. As with any topical medication, there can be a slight burning or itching sensation especially in the beginning of treatment but this usually resolves with continued use of the product.

Because one of the agents in topical Taclonex is a cortisone therapy, this medication should not be used on the face or the skin fold areas except for very brief periods of time or if you are advised otherwise at the time of your visit.

In summary, Taclonex is the most effective topical therapy that is available for psoriasis. If you use this once a day for a period of approximately two weeks, you will see a significant improvement in most areas. Hopefully using the medication once or twice per week will maintain the improvement.

If you have any other questions about this treatment, please ask me before you leave the office.

PROTOPIC (TACROLIMUS)

Protopic is a new topical medication used to treat eczema or dermatitis. There is one common form of eczema called atopic dermatitis for which this product was initially developed.

Most treatments for eczema involve using a topical steroid cream or ointment applied to the affected areas of the skin. Protopic is different because it is not a steroid-containing product and, therefore, will not cause any of the side effects of topical steroids. For this reason, it has some advantages over the prior treatment for dermatitis.

Protopic is a new type of medication called an immunomodulator. It works by adjusting the immune imbalance that occurs in many forms of dermatitis. It works directly on the skin to treat the redness, swelling, and itching that occurs in eczema.

Protopic is used only on the surface of the skin. It should never be ingested. It is simple to use and has a similar consistency to plain Vaseline. Apply a thin layer to the affected areas on the skin twice per day. One of the better times to use the medication is after a shower or a bath. In general, as the condition improves you can decrease the frequency of application. That is, the product is used twice per day in the beginning; it can be cut down to once per day, then every other day, and then stopped completely.

In most cases, patients notice an improvement within days or weeks. It is always beneficial to cut down the frequency of application as the condition improves.

Protopic has very few side effects. The most common is some slight stinging or burning, as the medication is first applied. This normally improves as the skin gets back to normal. The burning is normally related to how open the eczema is to begin with. One other restriction with Protopic is to try to avoid excess sun exposure or tanning bed exposure while using this medication.

As I noted above, Protopic is a very helpful medication for various forms of skin conditions. If you have any other questions regarding this, please let me know before you leave the office.

TAZORAC (TAZAROTENE)

Tazorac (tazarotene) is a topical medication for the treatment of many skin conditions. It is a retinoid, which means that its chemical structure is related to vitamin A. Clinical studies have shown that it is an effective product for problems such as acne, sun damage, discoloration and darker areas on the skin. As with all medications, it is important that it is used properly to obtain the maximum benefit.

In general, Tazorac cream is applied to the skin once per day or once every other day. Because Tazorac is a retinoid, it can often produce slight dryness or redness on the skin before your skin adjusts to its use; therefore, it is important not to use the product too frequently in the beginning. Usually, I recommend starting the therapy two times per week, then slowly increasing to the point where you can reach every other day or every day. It may take a few weeks or a few months to reach this point. On any given day, if your skin is slightly dry, it is better not to put the medication on. In general, most patients will not experience any problems after their skin gets used to the medication. In many cases, Tazorac can be used with other products. A common example is to use a moisturizer with a sunscreen in the morning and the Tazorac at night. In other cases, Tazorac is combined with other treatments. A common example would be to use the Tazorac medication on one day and then a different medication on the alternate day.

Tazorac should not be used if you are pregnant or are planning on becoming pregnant. It is not known to interact with any oral prescription medication.

Tazorac is a very effective topical medication for many skin problems. In general, the only significant side effect is the potential for local irritation, which can be avoided if it is used properly.

If you have any other questions regarding your treatment, please do not hesitate to ask before you leave the office.

TELOGEN EFFLUVIUM

Telogen Effluvium is a common problem which produces a temporary hair loss. It is important to realize that this is only a temporary problem. No patient with this problem ever goes bald. For every hair that falls out of the scalp, there is a new hair to replace it. The hair that replaces it, however, is very short and takes many months to fill in the scalp the way it was before the problem started.

In the normal scalp there are two types of hairs. The hairs that are in the growing stage are known as anagen. The hairs that are in the resting stage are called telogen. At any point 90% of the hairs are in the growing or anagen stage and 10% of the hairs are in the telogen or resting stage. In the normal growth cycle an individual hair is in the growing stage for many years. It then changes to the resting stage hair and falls out. When the hair falls out, there is a new hair to replace it.

In the problem that you have, there is a growth cycle shift. More of the hairs have switched from the growing stage to the resting stage. Instead of there being a 90:10 ratio there may be a 70:30 or 60:40 ratio. Because more hairs are in the resting stage, more hairs fall out at once.

It is not possible to be 100% sure of the cause of the growth cycle shift. Some of the common causes are having a baby, a physical illness, or a severe emotional or psychological stress such as the death of a loved one. Normally the hair loss begins two to four months after the problem which caused it.

Telogen Effluvium is a temporary problem. Eventually the hair goes back to the normal growth cycle and all the hairs that have fallen out are replaced with normal hairs. Since there is no scarring of the roots, the scalp will return to normal. Unfortunately there is no medical treatment to speed this process. It is important, however, to realize that this is a temporary problem and that you will not go bald. There are times when blood tests are done to make sure there is no internal abnormalities such as a thyroid condition which may be contributing to your hair loss.

Although telogen effluvium can be a disturbing problem your scalp hair will return to normal. If you have any other questions regarding this condition after reading this information sheet, please ask me.

TERBINAFINE (LAMISIL)

Terbinafine is an antibiotic, which is taken internally for the treatment of fungal infections of the skin. It is safe and effective. Terbinafine is taken in a dosage of one tablet per day. It is best to take the tablet at the same time each day so that you get into the habit of taking it regularly. It does not matter whether you have a full or empty stomach as these pills are absorbed well under all circumstances. Fortunately they do not usually cause any stomach upset or nausea as other types of antibiotics can produce.

Terbinafine tablets are remarkably safe even when taken for prolonged periods. When terbinafine is used for skin infections it is often taken for two weeks. In the case of fungal nail infections, it may be necessary to take this medicine for up to twelve weeks or longer depending on the areas that are involved.

Occasionally people taking terbinafine have developed an allergic type of rash. This is very unusual. If it would develop, please stop the medication immediately and call my office. As with any medication, terbinafine can produce many side effects including headache, diarrhea, stomach upset or hives. These are quite uncommon. If you are not sure please call the office about any possible side effects. (After you start terbinafine you may require a repeat blood test after 4-6 weeks to make sure you have no internal allergic reactions or side effects. If you take the terbinafine for a short period of time blood tests are not necessary.)

Terbinafine interacts with very few other medications. If you are taking Tagamet, which is a medication for stomach or ulcer problems, or cyclosporine that is used for kidney transplant patients, please let me know. Pregnant and nursing mothers should not take this medication.

The brand name Lamisil (terbinafine) medication was very expensive. Most insurance companies imposed difficult prior authorization requirements and many patients could not receive this therapy. Recently the same terbinafine tablets have become available generically. Wegmans, Target and WalMart pharmacies are offering a one month supply for \$4.00. If you have any trouble filling your prescription please take it to Wegmans, Target or WalMart pharmacies. This will insure you receive the best medication for your problem.

As noted above, terbinafine is a safe and effective medication for the treatment of many skin fungal infections. If you have any other questions regarding this medication, please ask before you leave the office.

THALIDOMIDE

Thalidomide is a medication that is used to treat many different severe skin conditions. It is a medication which often works when all of the conventional treatment is not effective. Being on thalidomide requires maintaining regular followup visits so that I may monitor your progress. It also requires enrolling into the STEPS program (System for Thalidomide Education and Prescribing Safety). This program has been mandated by the Food and Drug Administration.

Thalidomide is a medication which you may have heard about in the past. It was originally developed in the 1960s to treat morning sickness in women who were pregnant. Unfortunately, it caused serious birth defects and was withdrawn from the market because of this.

Thalidomide was recently reintroduced because it can be very effective in certain skin conditions when the standard treatment does not help. It is never prescribed to a woman who plans on becoming pregnant. If you are a woman and able to conceive a child, then there are specific steps which must be taken to ensure you do not become pregnant. In addition a man taking thalidomide should not conceive a child.

Most people who take Thalidomide do not experience any significant side effects. One of the most common mild side effects is drowsiness. That is why the medication is always taken in a single dose at night. If you become somewhat sleepy, you are going to bed anyway.

One of the other common side effects with Thalidomide is a numbness and tingling sensation in the tips of the fingers or toes. This is known as a neuropathy. This is a side effect which is dose related and hopefully can be avoided by keeping your dose low. If you would experience any such symptoms, please let me know. In addition, if you stay on Thalidomide nerve conduction studies may be monitored intermittently.

As I mentioned above, when you are on Thalidomide, you are closely monitored in the office to ensure that no side effects develop. As with any medication mild stomach upset, headache and allergic reactions may occur. Patients taking thalidomide are not allowed to donate blood due to the birth defect concerns. Blood tests are checked regularly, although if you are on stable dosages, these can be spaced out to an every few month cycle.

Although there is a significant amount of paperwork associated with taking this medication, this is an FDA mandated guideline and is primarily directed to prevent pregnancy in women. As I mentioned above, Thalidomide is often effective when the standard conventional therapy is not.

If you have any other questions regarding your treatment after reading this information sheet, please ask me before you leave the office.

FUNGAL NAIL INFECTIONS (TINEA ONYCHOMYCOSIS)

Fungal infections are the most common disease of the nails and affect about 6 to 8% of the adult population. Although fingernails or toenails may be affected, toenail infections are more typical. Usually the affected nails will have a thickened, discolored, or cloudy appearance. The usual cause of a fungal infection of the nail is the same fungus that causes athlete's foot. Patients who have fungal nail infections can often have peeling of the skin between the toes or along the sides of the feet.

Treatment of a fungal nail infection is challenging because the fungus is embedded within the nail and it is difficult to reach. As a result, improvement is very slow and can take more than a year. If the problem is early and the involvement is just at the ends of the nails, the regular use of topical antifungal therapy can be effective. It is very important to apply the medication every day to gain the maximum benefit.

Usually the only treatment which will cure a fungal infection of the nails is the appropriate oral antibiotic therapy. In most cases, the best medication is terbinafine. This is a pill that is taken once a day for twelve weeks. As with other oral therapies, there can be side effects but overall this is a very safe medication. You will be monitored properly in my office if you take this.

Because toenails grow slowly your nails may not appear normal at the end of the three month course of the oral terbinafine therapy. Don't worry because the pill can form a reservoir in the nail and work for many months after it is finished. It is extremely important to apply topical therapy because this can help clear the ends of the nails and will prevent a recurrence of the problem. Unfortunately, patients who have fungal nail infections often have a high chance of the problem recurring. By using the topical therapy regularly, this can be prevented. You should use the topical treatment "forever" since there is always a tendency for the infection to return.

As I noted above, fungal nail infections are very common, but in most cases can be treated with the right medication. If you have any questions, please ask me before you leave the office.

Tinea Pedis (“athlete’s foot”)

Athlete's foot (tinea pedis) is a skin infection of the feet caused by the athlete’s foot fungus. This fungus commonly grows on people’s skin. In many patients it does not cause problems, but some people develop a rash, itching, or cracking between the toes.

This fungus can cause rashes elsewhere on the body and has different names depending on where it is. Common names for these rashes include ringworm and jock itch. If you have any other rashes, be sure to point them out me.

What are the symptoms?

Tinea pedis causes a red, scaly rash on the feet. It often itches. There is often flaking and cracking of the skin between the toes or on the sides of the feet. The toenails may become infected which leads to discoloration, thickening or easy breakage.

How is it treated?

Tinea pedis is treated with topical anti-fungal medication. Common forms include creams, sprays or powders. You can use whichever form you prefer. Many of the previous prescription antifungal products are now available over the counter. Make sure the one you use contains one of the following ingredients, clotrimazole, miconazole, terbinafine or butenafine. These products are usually applied to the skin once a day after showering. Since the athlete’s foot often recurs it is best to get into the habit of using the topical medication regularly.

What other problems can it cause?

People who have other medical problems like diabetes or chronic swelling in the legs may be prone to develop bacterial skin infections (cellulitis). This is because the fungal infection causes breaks in the skin which can allow bacteria to enter. Therefore, applying the topical medication regularly may decrease your risk of a more significant infection.

Tinea pedis is usually easily treated with topical creams.

If you have any other questions, please ask before you leave the office.

TINEA VERSICOLOR

What causes tinea versicolor?

Tinea versicolor is a harmless skin disorder caused by a yeast living on normal skin. Usually this yeast - which all of us have on our skin - grows sparsely and is not visible. In some individuals it grows more actively. Why this happens is not known. The active growing of this yeast causes the slightly scaling patches on the trunk, neck, or arms known as tinea versicolor. On untanned skin tinea versicolor rash is a pink to coppery tan. On tanned skin the tinea versicolor patches are lighter, since tanning does not occur in the rash areas. The failure to tan is temporary; the skin tans normally after the rash has cleared up.

Tinea versicolor is not contagious. Tinea versicolor is more common in hot, humid climates and often comes back in the summertime.

Treatment

Treatment with prescription antifungal creams and lotions is effective in controlling the condition. These should be applied once a day at night for seven nights. Afterwards apply the medication once a week until the problem is entirely clear. Often the color changes in the skin take many weeks to months to fade back to normal.

Unfortunately, tinea versicolor - being caused by a normal skin inhabitant - tends to return. When it does, repeat the previously successful treatment. There are two creams available over the counter, which are effective in treating small patches of tinea versicolor. These two creams are miconazole 2% Cream (Micatin) and clotrimazole 1% Cream (Lotrimin AF). Either can be purchased without a prescription and be started if your rash returns.

In terms of preventing the tinea versicolor problem it is helpful to use a selenium sulfide containing shampoo once or twice a week. There are various manufacturers of selenium sulfide containing shampoos including Selsun Blue and Head & Shoulders. At the time that you wash your hair the lather is rubbed onto the back and chest and left on for a few minutes. It then can be immediately showered off. Using this shampoo therapy once per week may help prevent the problem from returning. If you notice small patches develop it will be best to use the above topical creams.

If you have any other questions regarding the tinea versicolor condition please ask me before you leave the office.

TOPICAL CORTISONE THERAPY

Topical cortisone prescription products are one of the most effective treatments available for a number of common skin conditions and rashes. These products are both very effective and very safe. It is important to use these medications properly to get the most benefit from them.

Topical cortisone prescriptions come in various forms. The most common form is a cream, which comes in a tube and has a white consistency. This medication rubs in quite easily. Another type is a cortisone ointment, which also comes in a tube but has a greasy Vaseline base. This form works very well but is somewhat more difficult to apply. Sometimes a clear liquid solution is used for areas such as the scalp where it is very difficult to rub in the other types of products. The other forms are lotions and gels, which rub in quite easily. Lotions and gels can be used when the skin eruption is widespread.

It is important to realize that cortisone products come in all different strengths. The strength does not depend on the percentage written on the prescription but on the exact type of cortisone product contained. The best way to think of this is that cortisone products can come in the strength of 1 horsepower up to 1000 horsepower. There are creams of all different strengths between one and a thousand.

The low strength cortisone products are generally reserved for areas such as the face, armpits, groin and other skin fold areas. The higher strength cortisone products are reserved for the body, arms and legs. If a very strong cortisone product is used on the face or skin fold area for a prolonged period, side effects such as thinning of the skin or acne-like pimples could develop. Therefore it is important to know the strength of the cortisone product you are using and not to apply the wrong cream to the wrong area.

Cortisone products are extremely effective for most skin problems. In general, they are used once a day,. The best way to use the product is once a day until the skin eruption improves. As it improves, the frequency of application of the cortisone prescription can be decreased to every other day and then once or twice per week. Eventually it is best to stop completely. If the problem would return, the prescription could be started again once a day and then gradually discontinued. In this way your skin will not get used to having the product applied constantly and therefore it will always work when needed.

If you have any other questions regarding the topical cortisone prescription you are using, please ask me after you read this form.

TRACTION ALOPECIA

Traction alopecia is a term used to describe a form of hair loss. Alopecia refers to any hair loss, independent of the cause. The term traction indicates that the hair loss is the result of pulling forces exerted on the scalp hair. Traction alopecia is generally caused by various hairstyling practices, such as braiding, the use of chemical hair straightening, curlers and nylon brushes. Traction alopecia may develop over many years, even decades. In its early stages, the hair loss is reversible. With prolonged traction, however, some of the hair loss can be permanent. Consequently, it is of great importance to recognize this condition as early as possible to decrease the chance of permanent hair loss.

There are usually no symptoms especially in early stages of traction alopecia. Some patients can experience itching and redness of the scalp. The skin in the affected areas may become slightly scaly or thick. With time a number of broken hairs become detectable. With persistent traction the hair follicles can shrink or even become scarred. In this situation, individual follicles no longer produce the typical long and coarse hair.

The hair loss pattern in traction alopecia depends on the specific grooming pattern of each individual. It is more common in women than in men, because women use hairstyling practices such as braiding and curling more commonly. In the United States this condition is more commonly seen in African American populations due to the greater use of these.

As I noted above, traction alopecia can lead to permanent hair loss if it goes undetected over a prolonged period of time. Immediately after traction alopecia is diagnosed, any practices that exert traction on the hair should be minimized. Discontinuing these practices can lead to reversal of the hair loss and even regrowth within several months or years. In many cases there are treatments which can be prescribed which help decrease the symptoms in the area. These include various topical medications. In some cases, of severe traction alopecia, treatment is cosmetic and involves the use of hair weaves, wigs and in rare cases, hair transplants.

Traction alopecia can be a difficult problem but in most cases there is treatment that helps. There are ways of achieving cosmetically acceptable results even if there is permanent loss of some of the follicles. The treatment I suggest will be chosen individually for your case.

If you have any other questions about traction alopecia, please do not hesitate to ask me before you leave the office.

VANIQA (EFLORNITHINE) CREAM

Vaniqa is a topical cream which is used for the treatment of unwanted facial hair. This is a very safe medicine when used appropriately. It is available only by prescription. Because the removal of unwanted facial hair is considered a cosmetic procedure by most insurance companies, it is unlikely that your prescription plan will cover the cost of this therapy. Since you will pay the full price yourself, it is helpful to shop around since different pharmacies charge significantly different amounts for self pay medications.

Vaniqa does not make unwanted facial hair disappear. Rather it decreases the rate at which hair grows, therefore patients using Vaniqa cream must continue their methods of hair removal while using the cream. Vaniqa decreases the frequency in which these hair removal methods must be used. Its beneficial effects may take as long as three to four months to be established.

A thin layer of Vaniqa cream should be applied to the sites of unwanted hair growth twice daily at least 8 hours apart. The treated area should not be washed for at least one hour after application. It is safe to apply makeup over the treated areas once the cream is dry. You should wait at least five minutes after removing hair to apply the cream.

Vaniqa is well tolerated by most patients. As with any topically applied medication, there is a slight chance of some minor skin irritation at the site using the cream.

Vaniqa often helps many patients with their hair removal techniques. Unfortunately, once it is discontinued, the hair returns to its normal growth cycle and women have to continue their methods of hair removal on a more regular basis.

The only possible permanent methods of hair removal are laser or electrolysis. Unfortunately, in most situations, multiple treatments are required and there may be significant cost. Even patients who are using laser or electrolysis often use Vaniqa to decrease the hair growth. If you are interested in one of these permanent techniques, I can supply you the names of treatment locations.

If you have any other questions regarding the Vaniqa cream, please ask me before you leave the office.

VENOUS LAKES

A venous lake is a name of a benign harmless growth on the skin. It often appears dark blue or purple and may be flat or raised. The name is derived from venous which refers to the vein component of the growth. The term lake refers to it being a small area of blood under the surface of the skin.

A venous lake is a benign growth and never becomes cancerous. They can occur on any area of the body surface but are most common on the lip and ear. In some cases they can appear quite dark and are often mistaken for other types of growths. In some cases a skin biopsy test is done to determine that indeed the growth is a venous lake.

In general patients with venous lakes do not have symptoms. Occasionally the lesions can bleed if injured. In most cases they are best left alone. In certain circumstances removal can be arranged.

In summary, a venous lake is normally a small blue to purple growth occurring on the lip or ear. They are harmless. They are best left alone.

If you have any other questions regarding this growth please ask me before you leave the office.

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VEREGEN

Veregen (sinecatechins) ointment is a topical medication which is applied for the treatment of warts. It is the first botanical drug approved for prescription use in the United States. It is made from an extract of green tea leaves. The exact way this medication works to eliminate warts is not known.

Veregen ointment can be used to treat warts on any area of the body. The exact application method depends on where the warts are located. It should only be used on the skin.

Veregen works best when it is applied three times per day. Apply a small amount and make sure it is rubbed in completely to the affected areas. An alternative is to rub the medication in once per day and cover it with a Band-Aid or duct tape. This increases the penetration of the medication.

It is important to continue to treat the areas until there is complete clearance of all the warts. This can take many weeks, even up to 3 to 4 months. Side effects with this product are unusual. As with any topical medication, there can be a local skin reaction such as slight redness, itching, or irritation. In general these reactions will subside quickly even if the medication is continued. If you have any problems with the therapy, please do not hesitate to call the office.

Veregen ointment lasts longer if it is kept in the refrigerator. It should not be frozen. Unfortunately, if medications are kept in the refrigerator, they tend not to be used. If that is the case for you, it is best to keep the medication out of the refrigerator in an area that reminds you to use it regularly.

Again, Veregen ointment is a new botanical product applied topically for the treatment of warts. If you have any questions, please ask me before you leave the office.

Viral Exanthem

What is a viral exanthem?

An exanthem is a doctor's word for a rash caused by an infectious organism. In this case, a viral exanthem is a rash caused by a virus. You may be familiar with some viral exanthems and you undoubtedly have had some yourself. One familiar viral exanthem is chickenpox. Other viral exanthems include measles and rubella, for which most people have been immunized against.

While measles and rubella may sound unpleasant, the vast majority of the hundreds of other viral exanthems are harmless, yet they may cause short-term discomfort. Just as adults may get colds and experience uncomfortable, yet tolerable symptoms like a runny nose, sore throat, and coughing, viral exanthem's symptoms include itching and redness and are also uncomfortable, but usually short-lived. They very rarely have emotional, developmental, or physical aftereffects.

What are the symptoms of a viral exanthem?

The most obvious symptom is the widespread rash, which may be anywhere over the body's surface. Some viral exanthems have particular patterns that help us with diagnosing their cause. Other rashes may appear random. The rash may itch or it may not. Other symptoms may occur prior to or with the rash; fever, a tired achy feeling, irritability, loss of appetite, headache, and abdominal pain.

What is the treatment for a viral exanthem?

The treatment is symptom control and patience. You may benefit from an oral or topical antihistamine, or another topical anti-itch medication, as determined by the nature and extent of your problem. Fever and muscle aches may be controlled by over-the-counter fever medications like acetaminophen (Tylenol) or ibuprofen (Motrin). Patience is important as the rash will likely disappear in a few days to a week as mysteriously as it appeared. Usually by the time you develop the rash, you are no longer contagious, but it is important for you to avoid contact with pregnant women or patients with a weakened immune system. If on the very rare occasion, you develop a rising fever or your symptoms worsen it is important for you to contact the office as soon as possible.

VITILIGO

Vitiligo is a skin condition where there is a loss of pigment in certain areas of the skin. The areas that lose pigment appear white especially when compared to the normal skin. The darker your normal skin is, the more apparent the vitiligo is. Vitiligo can affect very small areas of the body or can involve large areas. Among the more common areas involved are the face, hands, feet and private area.

The exact cause of the vitiligo is unknown. It seems that there is a autoimmune reaction in the body. This means that your own body destroys the pigment cells for an unclear reason. In most cases the only problem is the vitiligo and is not an indication of an internal problem or other more serious illness.

There are many approaches to treat vitiligo. The first approach would be to do nothing at all especially if the areas involved are not visible.

One of the most important parts of treatment of vitiligo is to prevent the normal skin from tanning by using sunscreens. In most fair skinned patients in the winter, the vitiligo is not apparent. This is because the normal skin is not tanned. Vitiligo seems to come out in the summer because the normal skin is getting darker and the contrast is increased. In addition the vitiligo skin is prone to develop sunburns quite easily. For this reason, it is very important to apply a high SPF sunscreen daily to prevent the burning in the vitiligo skin and to prevent the tanning in the normal skin.

Another treatment for vitiligo is to use a special type of make-up that can blend the vitiligo skin with the normal skin. I will show you an example of this type of make-up and tell you where it can be obtained if necessary .

The most effective treatment for vitiligo is outpatient narrow band UVB phototherapy. The actual treatment is done in a physician's prescription phototherapy unit to control the dosage. It is a major commitment in terms of time and is usually done only if the vitiligo is widespread or very distressing. If this is a consideration I will explain it to you in greater detail.

In most cases, there are ways of making this condition less of a problem on a day to day basis. If you do have any other questions, please do not hesitate to ask.

WARTS

Warts are harmless skin growths caused by a virus. Warts can grow on any part of the body. Their appearance depends on their location. On the face and tops of the hands warts are flat or protrude, while on pressure areas as the palms and soles they are pushed inward. Warts on the bottoms of the feet (called plantar warts) grow inward from the pressure of standing and walking and can be painful. Warts have a rough surface on which tiny dark specks can often be seen

Warts are common and can be a nuisance. They may bleed if injured. Warts never turn cancerous.

Since warts are caused by a virus, they are slightly contagious. Warts may spread on the same part of the body since a wart is the source of a virus that can seed other areas. We do not know why some persons get warts easily while others never get them. There is no way to prevent warts.

People have been trying to cure warts for thousands of years. The "success" of folk remedies for warts is due to the fact that warts usually disappear by themselves, especially in young children.

Treatment

There is no single perfect treatment of warts. Treatment consists of destroying the wart. Warts can be destroyed with surgery, by freezing with liquid nitrogen, or with chemicals. The treatment to be used on your warts depends on their location and size, your type of skin and what may have worked well in the past.

Sometimes new warts will form while existing ones are being destroyed. All we can do is treat the new warts when they become large enough to be seen.

No matter what treatment is used, warts occasionally fail to disappear. Warts may return weeks or months after an apparent cure. Do not become concerned if a wart recurs. Please make an appointment for a return visit. The treatment will be repeated, or a different method will be used to destroy the wart.

Tom Sawyer's Wart Removal Method

'You got to go all by yourself, to the middle of the woods, where you know there's a spunk-water stump, and just as it's midnight you back up against the stump and jam your hand in and say: "Barley-corn, Barley-corn, Injun-meal shorts, spunk-water, spunk-water, swaller these warts," and then walk away quick, eleven steps, with your eyes shut, and then turn around three times and walk home without speaking to anybody. 'cause if you speak the charm's busted.' - Mark Twain's Tom Sawyer

XANTHELASMA

Xanthelasmas (xanth = yellow, elasma = metal plate) are elevated, smooth shaped skin “bumps” that are usually yellow to orange in color and appear around the eyes. These skin lesions tend to begin as small yellow dots. They may enlarge over a period of months to years to a noticeable spot around the eyes and eyelids. There are typically no general symptoms that occur with the yellow bumps.

Xanthelasma are felt to be cholesterol deposits in the skin but most patients have normal cholesterol levels. Sometimes they can occur in people with hereditary cholesterol disorders. Your physician may decide to order a fasting lipid profile to detect any cholesterol abnormalities in your blood. If a high cholesterol count is found, i.e. LDL, one therapeutic option may be to exercise and begin a diet low in fats. However, your physician may also decide to start cholesterol lowering drugs like Lipitor.

The treatment for these benign skin lesions varies depending on the person. Generally, no treatment is necessary but they can be a cosmetic problem. These bumps can be removed with a variety of modalities such as lasers, electrodesiccation (burning with an electrical current), or topical administration of chemicals like trichloroacetic acid. Recurrences are common, so no treatment can be considered 100% effective.

If you have any questions about Xanthelasma, please ask me before you leave the office.

