DERMATOLOGY insights

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

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Fall 2000

Year of the Child

- Caring For Kids' Skin
- What's That Rash?

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DERMATOLOGY insights

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

Children are a Priority

Childhood is a time of wonder, exploration, and accomplishment. It can also be a time of insecurity, especially if a child is dealing with disfiguring and sometimes painful skin conditions, such as birthmarks, atopic dermatitis, acne, psoriasis, fungal infections, and warts.

To ensure that children receive the best possible dermatologic care, I have recently launched the *Year of the Child* program to assist in the prevention, diagnosis, and treatment of the skin, hair and nail conditions that can be barriers to a happy, confident childhood. Since the program began, this initiative has evolved into a successful nationwide campaign teaching millions of children and their caregivers about the treatment of childhood dermatologic conditions and the importance of sun protection.

As part of the program, the American Academy of Dermatology (AAD) lent its support to the Treatment of Children's Deformities Act pending before Congress, which would ensure coverage of procedures associated with childhood deformities, disfigurements, and congenital defects, including port-wine stains.

Caring for kids' skin is our theme for this second issue of *Dermatology Insights.* You will find several articles that discuss child-related skin conditions and the key role that dermatologists play in the treatment of these disorders.

In other features, dermatologists offer tips for healthy skin, hair and nails. You'll also learn about some skin rejuvenation procedures that can give people a boost, and how dermatologists and dermatopathologists work together to help ensure the highest quality care, and to help manage your dermatologic health.

I thank you for all the positive comments we've received about the premiere issue of *Dermatology Insights*. Please continue to write us with your ideas or topics for future issues. The publication will be available in your dermatologist's office, and bring you medically reliable information, timely articles and the latest news on a wide range of dermatologic disorders.

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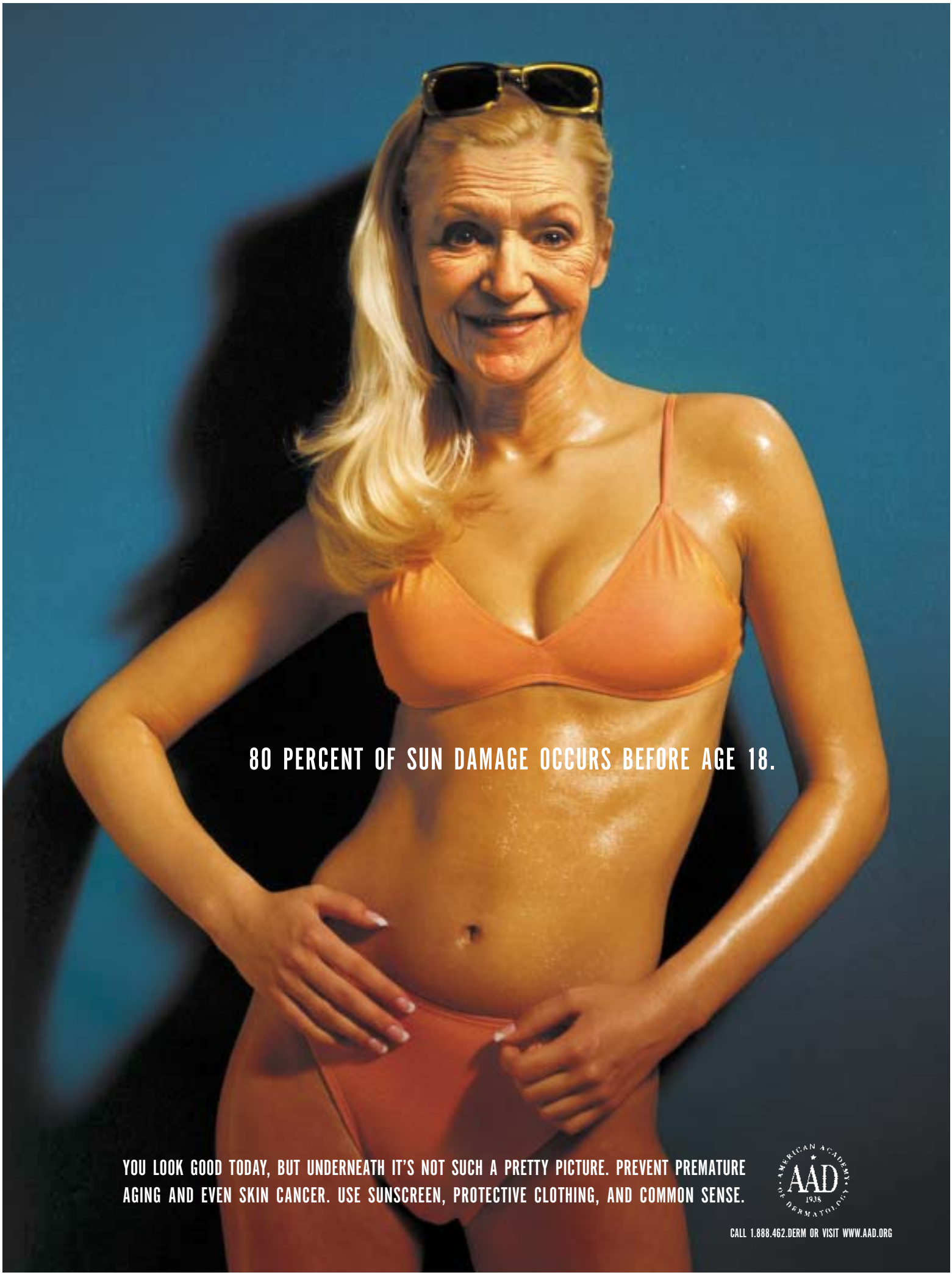
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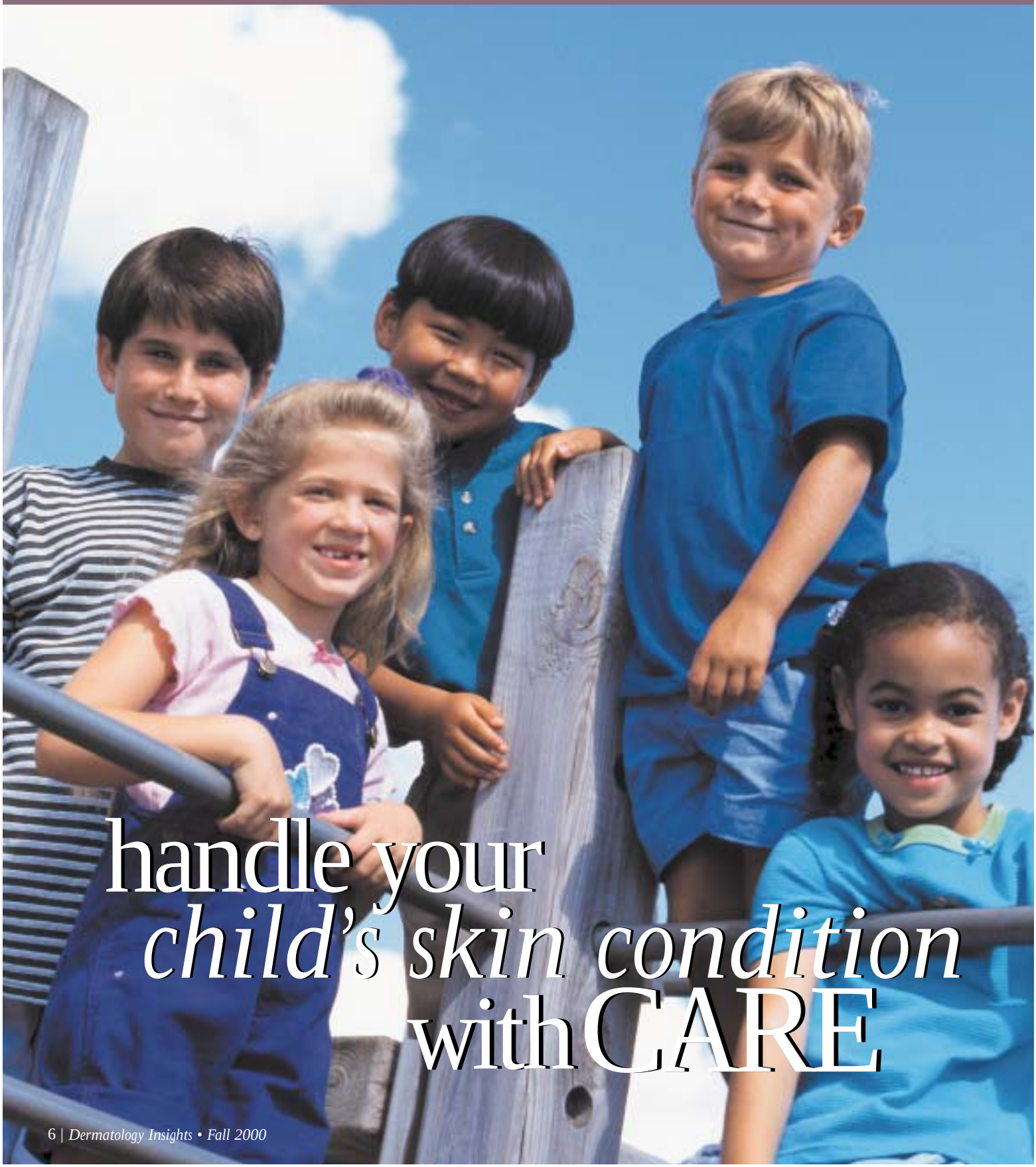
CARING FOR KIDS' SKIN



handle your *child's skin condition* with CARE

As with adults, skin conditions in children aren't just a health concern. They can affect many aspects of a child's life including the development of self-esteem. That's where dermatology comes in. Dermatologists diagnose and treat many skin conditions that are seen only in children or begin in childhood, such as birthmarks, eczema, warts, and a variety of genetic afflictions. Here are some common children's skin conditions, how to recognize them, and when to seek medical help.

BABIES' BIRTHMARKS

Many babies have "birthmarks" when they're born. They can be tan, brown, blue, pink, or red. While some of these spots disappear while the baby is still young, others last for awhile. The most common types are *macular stains*, *hemangiomas* and *port-wine stains*.

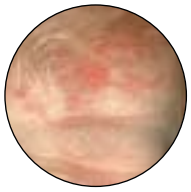

hemangioma

It is important for parents to realize that there are treatment options available for their children that can reduce the visibility of most birthmarks. And it's never too early to consult a dermatologist or dermatologic surgeon about removing birthmarks. They treat children as young as newborns.

"When a child is born with a *vascular birthmark*, it's important to try to distinguish the type, because the prognosis and intervention may differ," says Amy S. Paller, M.D., professor of pediatrics and dermatology at Northwestern University Medical School, and head of dermatology at Children's Memorial Hospital, in Chicago, Ill. In some cases, making the diagnosis requires continuing observation, since these lesions are rarely dangerous. Vascular birthmarks can be flat or raised, pink, red, or bluish discoloration.

If you notice a light red or pink birthmark on the body, it may be a macular stain or salmon patch, a flat area of discoloration caused by an increased number of capillaries (small blood vessels). When found on the forehead or eyelids, these birthmarks are commonly called *"angel kisses"* and usually disappear by the time the child is age two. Similar birthmarks found on the neck, called *"stork bites."* remain through adulthood in about half of patients. Neither requires medical treatment.


port-wine stain

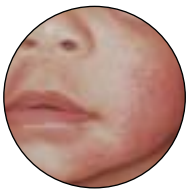

stork bite

Many parents of children with hemangiomas report that they have experienced difficult and trying times because of concern over the appearance of these vascular lesions. *Hemangiomas* may appear anywhere on the body during the first months of a child's life. There are two types of hemangiomas: superficial and deep, although hemangiomas may be mixed. A superficial hemangioma is raised and bright red because its blood vessels are close to the surface of the skin. Deep hemangiomas are blue and are deep under the skin. Both types can grow very quickly, but in most cases grow no more than 2-3 inches in diameter. After the first year, hemangiomas will stop growing and will gradually turn white and begin to shrink, in most cases clearing up by 10 to 12 years of age.


congenital nevus

Most hemangiomas do not require treatment, although half leave subtle to significant scarring. Treatments include corticosteroid medication (by mouth or through injection), laser treatments, surgery, and interferon. Dermatologists who prescribe corticosteroids to children must closely monitor them because of the drug's risks.

Port-wine stains — flat, pink, red or purple skin discolorations — occur in three of every 1,000 births, most commonly on the face, neck, arms and legs. Port-wine stains grow as children grow and may become thickened and darken, particularly during adulthood. Depending upon their locations, these persistent disfiguring lesions may have a psychosocial impact on affected patients. One in every four cases of port-wine stains on the face, forehead and eyelids have been linked with seizures (Sturge-Weber syndrome) and/or glaucoma, which is more common if the cheek is involved. Some people use special makeup to cover up the stains. Laser treatment can be costly, but may lead to significant fading of stains on the face and neck. A less common type of birthmark is *congenital nevus* or *birthmark mole*. Although the risk of change of small congenital nevi to melanoma during adulthood is greater than that of normal skin, the true incidence is still unclear. Giant congenital nevi have a 6 to 8 percent lifetime risk of becoming malignant, especially during childhood. It is appropriate for a dermatologist to examine any moles, whether present at birth or not, that have an asymmetrical or irregular shape, are larger than a pencil eraser, do not have the same color throughout, or display shades of tan, brown, white, red or blue.


atopic dermatitis

ATOPIC DERMATITIS

A growing number of children each year are affected by *atopic dermatitis*, a non-contagious and chronic skin disease. Atopic dermatitis usually makes the skin itch, ooze and crust. It is commonly characterized by intense itching, and inflamed, swollen, dry, scaling, flaking skin. Although it can emerge almost anywhere on the body, children get it on the scalp, face, neck, hands or folds of the elbows, wrists and knees. To diagnose the condition, your dermatologist will take a history and perform a skin examination.

Dermatologists say atopic dermatitis

occurs in about 10 percent of American infants and 85 percent of those affected develop the condition before age four. Babies tend to get it on their faces and scalps, but sometimes all the skin is involved. It's probable most children will outgrow the disease — as 80 percent of patients do, but they still may have sensitive skin later on. The rest live with its frustrating, painful flare-ups their entire lives.

The skin is extremely sensitive to environmental factors, allergens and stress, and the dryness of winter. Patients can be more susceptible to respiratory problems, hay fever, asthma, and food allergies.

The emotional effects can also weigh heavily on patients and their families. "Children with atopic dermatitis are miserable — they're itching and scratching," says Lawrence Schachner, M.D., professor of dermatology at the University of Miami School of Medicine, in Miami, Florida. "There's also an inordinate amount of attention directed towards them that can cause problems in families. There may even be difficulty in bonding between parents and child — because the parents feel so helpless."

"the emotional effects can weigh heavily on patients and their families."

"It becomes a disease of the whole family. Often times, these kids can't sleep because of constant itching and scratching. And, if the kids can't sleep — nobody sleeps!" says Dr. Schachner. In addition, its ability to change a child's appearance can lead to lives filled with teasing by classmates and social isolation.

"The sleep deprivation and chronic restlessness can also affect a child's functioning in school," says Dr. Paller. "Parents must be savvy about talking to teachers about their child's atopic dermatitis, treating the child like their other children — and seeking counseling if necessary."

To help prevent any flare-ups, follow a consistent skin care regimen, including quick baths with mild soaps in lukewarm water (never hot). To minimize dryness, apply a moisturizer within a few minutes after leaving the bath, while the skin is still moist. Dermatologists may also prescribe topical corticosteroids, anti-histamines and antibiotics to treat skin infections. You and your dermatologist can work together to form a regular treatment schedule. To help your child and family cope successfully with atopic dermatitis, it is important to stay informed about the disorder and teach your child about the disease with accurate and age-appropriate information.

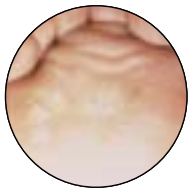
WARTS

Some children are just more likely to catch the wart virus than are others. Often far more uncomfortable than harmful, these non-cancerous growths are commonly found on fingers, the backs of the hands, bottom of the feet, or wherever skin has been broken. Warts are caused by a viral infection, the Human Papillomavirus (HPV) that attacks the top layer of the skin (or mucous membranes). Warts range from skin-colored to dark, and from rough to smooth. They include *common, flat* and *plantar warts*. Common warts are found around nails, fingers, backs of hands or where skin is broken, and are especially "common" with school children due to bites, bitten nails and hangnails.

flat warts

Flat warts are smaller and smoother than other warts, but tend to grow in large numbers (20-100) at any one time. They can occur anywhere, but are most common in children on the face.

Plantar warts may appear in clusters on the soles of feet and can be painful because they get pushed back into the skin from standing or walking on them. Some warts will go away without treatment. But, because warts and their viruses are highly contagious and spread quickly, it's best to treat warts as soon as possible. Over-the-counter creams, solutions or lotions that contain salicylic acid can often do the trick. But for those stubborn warts, many visit the dermatologist for weekly "paintings" of cantharidin to remove them, or for removal through cryotherapy (freezing), electrosurgery (burning them off), or laser.



plantar warts

"Many over-the-counter medications will remove warts," says Dr. Schachner, "but if your child has a large number of warts or large warts, you should seek help from a skin specialist."

molluscum

Mollusca, like warts, are small, harmless growths caused by a virus. They may be transmitted among children through close contact, swimming, or shared towels. Similar in appearance to pimples, mollusca, will grow, appear waxy and pink, and develop a pit-like center. Although no treatment cures molluscum or its accompanying virus, if the lesions become visible, red and sore, they should be removed by a blistering agent, liquid nitrogen or surgery with a small instrument called a curet. Dj

Carol Levin and Patricia Murphy

diaper rash

Oh no!

Is your baby prone to diaper rash? Another type of dermatitis primarily affecting infants between 9 and 12 months of age is diaper dermatitis or diaper rash. It is usually a reaction to irritation caused by the bacteria in feces, moisture and/or friction.

Frequent diaper changes can prevent and treat it. If a rash is present, dermatologists suggest that parents change junior's diaper at least every two hours during the day and once at night. Dermatologists advise cleaning skin only after bowel movements and applying protective ointments when a rash appears or in rash-prone babies providing a barrier between the urine and feces, and the skin.

Diaper dermatitis appears to be lessening because of better disposable diapers that deliver emollient protection to the skin. Currently under study are diapers that can deliver both emollient and zinc oxide to help protect skin.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(desonide lotion)

what's that rash?

Six-year-old Katy had sores on her hands and face that were itchy and painful. When they spread, her parents became concerned and called a dermatologist, who suggested Katy may have been exposed to impetigo.

Impetigo often begins at the site of a minor skin injury such as scratches or bites. Impetigo is a skin infection caused by bacteria. Signs include blister-like lesions with their yellow itchy crust that forms from dried pus. Lesions should be cleaned with soap and water and covered with warm compresses to ease the itch. When necessary, dermatologists prescribe oral or topical antibiotics. It's best to keep affected children away from school and from close contact with others until crusts have dried out. During the infectious stage, change and launder clothes and linens daily.


impetigo

Shortly after ten-year-old Alex used a friend's comb, he developed tinea capitis or "ringworm of the scalp," an itchy, scaly rash of the scalp in children.


tinea capitis
'ringworm'

Tinea capitis is caused by a fungus that prefers hair follicles. The affected hairs can harbor the fungus for a year or more. Tinea capitis is contagious and can last for years. It is spread by combs, brushes, caps, pillowcases, and cloth chairs. It's best treated with oral anti-fungal medications and by regular hair cleansing with a special shampoo.

Many children also get scabies, a rash caused by a tiny mite that burrows into the skin. The rash is usually found on the wrists, elbows, buttocks, or between the fingers. In infants, the rash may appear on the head, neck, or body.

Mites can survive only briefly if not on the human body, so scabies spreads from direct contact with someone else or by sharing an infected person's clothes. Over-the-counter insecticide lotions and prescription creams are used to kill the mites. A child with scabies should stay away from childcare or school for one day after finishing treatment. Wash and dry all clothes, bedding, and towels in hot water. Be sure to consult your dermatologist for an examination and advice about any itch or lesion that will not go away or concerns you.


scabies

Dj

More information on children's skin conditions can be found through the following associations or support groups:

American Academy of Dermatology: 1-888-462-DERM (3376); www.aad.org

The National Eczema Association for Science & Education (N.E.A.S.E.): 503-228-4430; www.eczema-assn.org

Hemangioma & Vascular Birthmark Foundation: 518-782-9637; www.birthmark.org

Society for Pediatric Dermatology: 773-583-9780; www.spdnet.org

National Congenital Port-Wine Stain Foundation: 516-867-5137

A WIN-WIN *for* KIDS' SKIN!

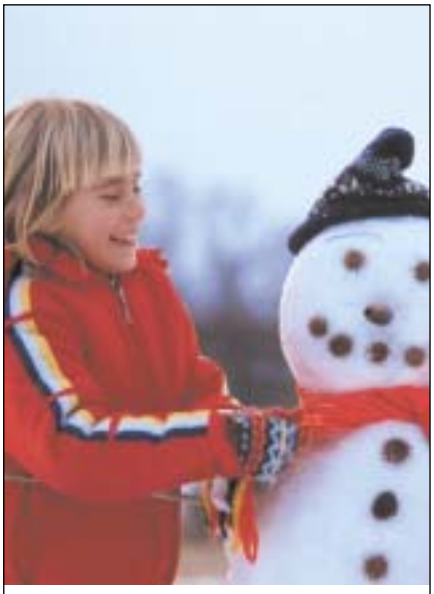
Let's face it. We can't afford to take our child's skin for granted or dismiss skin care regimens until a problem is discovered. For a win-win situation for young skin, a skin routine with preventive care is key. *Here are a few tips for a lifetime of happy, healthy skin.*

Clean it. Great skin starts with good hygiene and good protection, says Dr. Paller. "Start with a regimen of mild soaps or cleansers. Use moisturizer when the skin appears dry," says Dr. Paller, "and of course, use sun protection." Sunscreen can be used on infants as young as six months, according to the Food and Drug Administration (FDA). However, since infants are not mobile, covering them and keeping them in the shade should suffice.

Treat it. If you suspect a skin problem, see a dermatologist who can help you start a skin treatment regimen to head off more serious problems. "While you can't prevent many skin conditions, start early with good skin care and treatment to prevent unnecessary problems or complications." "Certainly you can help prevent some skin conditions, like skin cancer and premature aging of the skin," says Dr. Schachner.

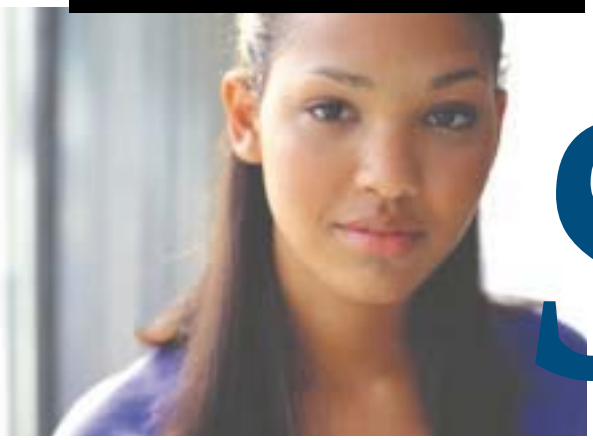
"It's as easy as 1-2-3."

1. **Apply sunscreen** (SPF 15 or higher) generously or like you would moisturizer and remember to cover the nose, lips, ears and shoulders.
2. **Cover up** children when outdoors with cool, cotton clothing, hats with a four-inch brim, and sunglasses.
3. **Seek shade!** If your shadow is shorter than you, you are likely to burn. *Remember, skin can burn in less than 15 minutes!*



Beware of Winter!

Winter weather can be harsh on children's skin. During winter, your child's skin can become dry and rough. Wind, sun and low humidity also can cause red cheeks. Before you child goes outside, use a lotion with sunscreen to help lock in moisture and keep skin soft.



ACNE awareness

Sixteen-year-old Sarah says she breaks out badly every few weeks. "I don't go out much when this happens because I feel gross and embarrassed about how I look. I cancel dates, avoid after-school activities, and when it's really bad, I will not go to school. My parents keep telling me this is part of being a teenager. Whenever they say this, I want to scream because that doesn't make it any better. I feel like it will last forever."

Sarah is not alone. She and many of her teenage friends have acne, the most common skin disorder in the U.S. Acne affects about 17 million Americans, and can attack self-esteem as well as the skin.

Acne is a skin disease that develops when cells block the opening of pores and clog hair follicles with oil, dead cells or bacteria. Acne appears on the skin in the form of whiteheads, which form when the blocked pore is not visible, and blackheads, which form when the blocked pore is visible. The pimples most commonly appear on the face, back and chest.

More severe cases of acne are characterized by inflammatory acne lesions that can be papules, which are pinkish-red and dome-shaped; pustules, which have superficial accumulations of pus; and nodules, which are deep inflammations that affect more than one oil gland. Nodules are often tender and may hurt because they extend deep into the skin, close to the nerve endings.

For most patients, acne is just part of the body's normal changes. Genetics seem to play a role. "Basically, acne is a part of growing up," says Zoe D. Draelos, M.D., clinical associate professor of dermatology at Wake Forest University, High Point, N.C. "It's related to the point in time when the hormones turn on in the body and oil production begins. And, when oil production begins, then you have all the raw materials for acne."

Because acne is most likely to happen during hormonal changes, teenagers, women near menopause and women who have started or stopped taking birth control pills are most susceptible. However, there are actually different types of acne that can strike people of all ages, from babies who are affected by the estrogen level of their mothers, to senior citizens who can also break out with pimples. But you don't have to be very young, adolescent or even very old to get those unsightly bumps.

"You can get acne at any age," says Boni E. Elewski, M.D., professor of dermatology at the University of Alabama in Birmingham. "It's a myth that (acne) is a teenage disease."

Many women struggle to control their acne through the teenage years and adulthood. Dr. Elewski says that a large percentage of her practice consists of women older than 30 who have acne. Often, she says these women mistake the acne for a rash. When Dr. Elewski gives her patients this diagnosis, she says a common response is, "I'm 38. How could I have acne?"

Acne does affect more than 85 percent of all teenagers, but it also occurs in 60 to 70 percent of all adults. While for teens acne is a result of hormones that cause increased production of oil, Dr. Elewski says for many of her older female patients the cause is often stress, makeup, or hair products that may contain heavy oils and chemicals that can promote acne. Women are sometimes afraid of drying out their skin so they don't cleanse their face properly. Oil and dirt build up, clog pores and result in acne.

Dr. Elewski points out there are many conditions that mimic acne, such as rosacea, an adult disease that looks like acne but is treated differently. Folliculitus, an infection of the hair follicle that causes pimples, also resembles acne but is caused by bacteria that are commonly picked up from unclean water. "A dermatologist could differentiate all these and know the proper treatment," she says.

Q What causes acne?

A Rising hormone levels during adolescence or puberty cause the oil or sebaceous glands of the skin to produce more sebum or oil. Sebaceous glands are found with a hair shaft in a unit called a sebaceous follicle. During puberty, the skin cells that line the follicle begin to shed more rapidly. In acne-prone people, cells shed and stick together more so than in people whom do not develop acne. The mixture of oil and cells also helps bacteria in the follicles grow. These bacteria make chemicals that can cause the wall of the follicle to break. Then sebum, bacteria and shed skin cells spill into the skin causing redness, swelling and pus — a pimple.

Q Can eating chocolate or certain foods cause breakouts?

A Not usually, unless you have particular food sensitivity. Some people claim that chocolate or greasy foods promotes acne, but research hasn't yet confirmed that any food is suspect. Still, a balanced diet is always important. If you notice breakouts after you eat a specific food, stop eating it and see what happens.


mild acne | severe acne | acne scarring

Q How do you know when it's time to see a specialist for acne?

A It's a good idea to see a dermatologist for treatment when acne first appears. Luckily, dermatologists have many medications and procedures that are proven effective to greatly reduce the number and severity of acne lesions. While some patients try to conceal acne with a tan, the sun's harmful rays age the skin and can cause skin cancer, wrinkles and other skin aging.

Through consistent treatment, acne can be controlled. Most acne treatments require prolonged care that should be carefully monitored by a dermatologist. "See a dermatologist when you first see the earliest signs of acne," says Dr. Draelos, "because if you treat acne early before it gets bad, one, it's easier to treat and two, many or most cases can be improved."

Different kinds of skin need different types of care. What works for one individual may not necessarily help another. For example, those with dry skin want to avoid drying it out further, since it may more easily become red and irritated. Combination skin that is usually oily in the T-zone (forehead, nose, and chin), and dry elsewhere, needs to be treated differently. The most effective treatment depends on whether the acne is mild, moderate or severe.

MILD TO MODERATE CASES

Mild cases of acne generally clear up in 4-6 weeks, and virtually all cases of acne respond to appropriate treatment. Your dermatologist may prescribe topical treatments, such as a retinoid and benzoyl peroxide, for mild and moderate cases involving whiteheads and blackheads. Dr. Elewski compares retinoids to drain cleaners that unclog sinks. "It opens your pores, just like Drano® opens your sink. And it keeps those pores from plugging up. The plug in the pore is the beginning of all acne lesions," she explains. Retinoids can leave the skin more sun-sensitive, and overuse can cause irritation. Benzoyl peroxide, an ingredient in both over-the-counter and prescription medications, kills bacteria, decreases oil, and peels and dries acne.

MORE DIFFICULT CASES

For more difficult cases, topical and oral antibiotics, such as clindamycin and tetracycline, kill bacteria and may also reduce inflammation.

SEVERE CASES

Isotretinoin, an oral medication, is prescribed for severe cases of acne, involving nodules. It contains synthetic vitamin A derivative that lowers oil production.

Dr. Elewski says she has received letters from patients who used the medication nearly 20 years ago and are still thankful for the impact it has had on their abilities to look people in the eye and not feel self conscious about their skin. "Since it (Isotretinoin) came out, the medication has made a difference in the lives of millions of people globally who will testify to how it's dramatically improved their life."

Side effects can include dry skin and dry lips. The medication has strict FDA guidelines and is not for everyone, such as women who are pregnant, think they might be, or are intending to be.

SCARRING

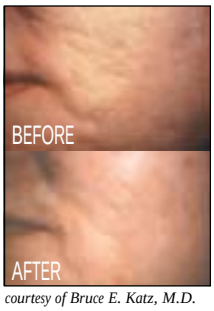
Early treatment is the most effective way to help prevent lifetime scarring. Most scarring can be surgically improved. *Dermabrasion* is a common dermatologic treatment for severe acne that has left deep scars. For this technique, dermatologists use a rotating wire brush or spinning diamond instrument to remove the top layers of the skin and level out irregular scars. A new layer of fresh skin offers a smoother appearance.

LASER TREATMENT

Two recent types of laser treatment are the Erbium: YAG and the CO_2. The Erbium: YAG emits light through short bursts of energy that is absorbed by the water in the skin. This laser treatment actually changes the shape of irregular scars. The CO_2 laser produces more heat than the Erbium: YAG so the bursts of energy penetrate deeper into the skin and tighten the skin's collagen fibers. This tightening causes the depressed scars to elevate and provide a more normal look.

"The laser never returns the skin to its normal appearance. That's why acne treatment, especially early on, is so important," Dr. Draelos says. Surgical treatment for acne scars also includes soft tissue fillers such as collagen and collagen producing materials, and direct excision of pits and pores. DI

CO_2 LASER RESURFACING



courtesy of Bruce E. Katz, M.D.

Karen Wagner

impact of acne

The physical and emotional aspects of acne can be devastating. According to a survey by the American Academy of Dermatology, acne makes one out of 10 teens like themselves less and is the worst thing about adolescence. Studies report that the presence of acne can negatively impact social and academic performance and affect employment prospects because patients may feel self-conscious during interviews, for example.

"Treating acne is important because the times when you tend to get acne are times of big, social changes in a person's life," Dr. Draelos comments. "Treatment is important not only to keep nice-looking skin throughout life, but also to have a feeling of personal well-being."

teen acne

DO

- Wash with mild cleanser that is pH balanced for facial skin.
- Use cosmetics that are labeled "noncomedogenic," or do not tend to cause acne.
- Always wear sunscreen with an SPF of 15 or higher; choose those that are oil free.
- Eat a healthy, well-balanced diet with plenty of fruits and vegetables and drink plenty of water.
- See a dermatologist to keep acne under control.

DON'T

- Use cosmetics that aggravate acne.
- Use alcohol-based cleansers.
- Squeeze a lesion; this may force infected material deeper into the skin causing additional inflammation and scarring.

MYTHS

- Eating greasy foods causes acne.
- Washing your face 10 times a day will get rid of acne.
- The sun helps acne.

FACTS

- A healthy diet is important for providing the raw materials for healthy skin, but greasy foods, like hamburgers and fries, do not cause acne — unless you rub them on your face.
- A proper cleaning regimen — such as cleansing your face with a mild soap twice a day — is important, but acne can't be washed away.
- The sun may actually make acne worse by damaging follicular walls and clogging pores, resulting in acne that may not surface for 3-4 weeks after sun exposure.



other acne resources

Online

- American Academy of Dermatology - www.aad.org
- AcneNet - www.skincarephysicians.com/acnenet
- In Your Face! Acne and Its Treatment - http://kidshealth.org/teen/bodymind/body/acne.html
- American Society for Dermatologic Surgery - www.asds-net.org

For a free educational pamphlet on Acne, available in both English and Spanish call the American Academy of Dermatology at: 1-888-426-DERM or send a self-addressed, stamped envelope to AAD, P.O. Box 4014, Schaumburg, IL 60165-4054.

INDOOR TANNING casts a year-round shadow

Jackie and her college friends routinely visit tanning salons for a pre-tan before heading off to vacation in a warm climate during winter break. Sue, a mother of two, does the same, as do many other people she knows. Most likely, none of them picture themselves as potential candidates for skin cancer. While traditional sunbathing is a seasonal health hazard in most parts of the United States, indoor tanning casts a year-round shadow.

If you're one of those people planning to achieve a tan from a tanning salon and think you are not at danger for skin cancer, think again. The truth is that standing in front of a sunlamp, stepping into a tanning booth, or stretching out on a tanning bed significantly raises the risk of health problems ranging from wrinkles, visual abnormalities, and immune system disorders to malignant melanoma, the deadliest form of skin cancer. In fact, even short-term indoor tanning may produce redness, itching and dry skin.

Despite these facts, the quest for a tan happens millions of times each day in local tanning salons across the country. During the next 12 months, 30 million Americans will visit more than 49,000 salons featuring sunlamps, tanning booths, and tanning beds that give off ultraviolet rays two or three times stronger than natural sunlight. About seven of every 10 tanning parlor patrons are women or teenage girls between the ages of 16 and 60.

About half as many men and adolescent boys are likely to visit tanning salons as females the same age. Many people who patronize tanning parlors think they look healthier and more attractive when they are tan. Some want to avoid looking "pale" in the winter. Others attempt to pre-tan so they can emerge golden before outdoor exposure. Seeking a bronzed look, they also buy into advertising claims that promise a safe experience that won't dry, damage, or age their skin.

Forget the tanning parlors and sunlamps. According to dermatologists, they are not a safe way to tan.

Increasing more rapidly than any other type of cancer, incidence of melanoma more than doubled among Caucasians between 1973 and 1994. More common than any non-skin cancer in adults between 25 and 29, melanoma is responsible for more than 75 percent of skin cancer deaths. The American Cancer Society estimates that 47,700 new cases of malignant melanoma will be diagnosed this year and the disease will claim 7,700 lives.

> *"solar UV radiation & exposure to sunlamps & sunbeds...a known human carcinogen"*

Solar UV radiation and exposure to sunlamps and sunbeds was recently listed as a "known human carcinogen" in the National Toxicology Program's 9th Report on Carcinogens 2000, U.S. Department of Health and Human Services, Public Health Service. The report cites data that indicates a causal relationship exists between exposure to solar radiation and melanoma and other skin cancers in humans, and that exposure to sunlamps or sunbeds is associated with melanoma. The report also indicates that skin cancers are observed with increasing duration of exposure, and the effects are especially pronounced in people under 30 and for those who experience sunburn.

Dermatologists say excessive and unprotected exposure to sunlight can have the same potentially disfiguring, disabling, and life-threatening consequences as indoor tanning, but artificial tanning equipment inflicts more damage in less time. A single 15-30 minute salon session exposes the body to the same amount of harmful UV light as a day at the beach. Tanning beds, booths and sunlamps radiate both UVB rays and long wave UVA rays that penetrate the skin more deeply than sunlight, compound the toxic effects of sun exposure by thinning the skin and impairing its healing properties, and make melanoma a more likely eventuality. The clamshell-like tanning bed so popular among salon patrons is the worst offender: Customers lie on a light, transparent, thermoplastic shield while being bombarded with UV light from above and below, doubling the skin surface exposed to the harmful rays. Such exposure aggravates some medical conditions such as lupus or diabetes. Research also finds that UVA light has short-term side effects that range from skin redness to itching to dry skin and nausea.

courtesy of Vincent A. DeLeo, M.D.

A large bullous lesion on the palm and a crusted lesion on the wrist of a 35-year-old "tanning junkie" — a reaction to chronic tanning bed usage.

"Most of the tanning salon customers I see in my practice are young adults who want to enhance their appearance and feel accepted by their peers," says Vincent DeLeo, M.D., chairman of the department of dermatology at St. Luke's/Roosevelt Hospital, New York.

> *"forget the tanning parlors and sunlamps! they are not a safe way to tan."*

"Most of these people are not very different from anybody else. They tend not to realize how serious a risk they are taking."

Shelley Sekula Rodriguez, M.D., clinical assistant professor, Baylor College of Medicine in Houston, believes that the people she describes as hard-core tanners have a psychological addiction to the tanning process. "Tanning parlors seem to provide some people with a sense of well-being," she says. "It's almost as if they are medicating themselves in some way."

Both dermatologists have treated patients who are unwilling or unable to break the tanning habit even after developing cancerous or pre-cancerous skin conditions, such as a nurse who still visits a tanning parlor two or three times a week but agreed to wear gloves after developing a painful and unsightly rash on her hands. Also evidence of this habit is a woman who was reluctant to sell her lucrative tanning salon even after developing two melanomas in early middle age; and a cardiologist's wife who continues to visit her favorite tanning parlor even after developing multiple pre-cancerous lesions.

If adults who understand the danger inherent in indoor tanning can't or won't throw in the towel, younger, more impressionable people are even more susceptible to the influence of a society that prizes sun-kissed skin.

"The skin and the psyche are more vulnerable at younger ages," Dr. Sekula says, "and no one under 18 should be permitted inside a tanning parlor." Still, an association for the tanning industry indicates that "the stage is set for a new era in sun care — an era based on knowing your skin type, understanding your constitutive risks, using sunscreen appropriately instead of overusing it and planning your active lifestyle accordingly."

Dermatologists recommend that people who like the way they look with a tan and want to preserve the integrity and appearance of their skin should wean themselves from artificial light sources and switch to sunless tanning lotions. Di

Maureen Haggerty

turning to self-tanners

Consumers looking for a golden glow are finding that self-tanning products or sunless tanners are a safe alternative to exposing themselves to damaging ultraviolet radiation.

Sunless or self-tanning lotions contain an active ingredient known as dihydroxyacetone (DHA), that works with the protein in skin cells. The Food and Drug Administration considers the ingredient safe. A single application lasts between three and five days, and the color fades as the skin begins to shed dead cells. Tanning preparations, tan accelerators, bronzers, tanning promoters and tanning pills, are not as effective as sunless or self-tanners containing DHA. Some tanning pills have been linked to hepatitis and hives.

Sunless tanning lotions are readily within our reach. One of the fastest-growing segments of the sun care industry ($135 million in annual retail sales according to industry research) manufacturers are introducing more and more products — 29 in the past two and a half years. Such lotions even give tans to the cast of Baywatch!

Dermatologists say consumers should be aware that the color is not a base tan so they do need sunscreen. Although self-tanners will darken the skin, these products provide limited sun protections. Some self-tanning products contain minimal protective sunscreens, which remain effective only a few hours after application.

rosacea red alert

Q: What does President Clinton have in common with a famous artist like Rembrandt, American financier J.P. Morgan, vaudeville comedian W.C. Fields, and Princess Diana?

A: *All are reported to have experienced rosacea, a chronic and progressive acne-like skin condition that affects more than 13 million Americans.*

courtesy of National Rosacea Society

Q: Who most typically develops rosacea?

A: Although anyone can get rosacea, it is more common in people who are over 30 years of age, tend to flush or blush easily with fair skin, and are of Irish, English, Scottish, or northern or eastern European descent. Family history is another strong factor in determining one's potential for developing rosacea. The condition may even strike those who have had a bad reaction to acne medication.

Rosacea is characterized by facial swelling and flushing. The facial redness tends to affect men and women differently. Women have symptoms on the cheeks and chin, while men are more likely to have swelling of the nose associated with advanced cases. Though its appearance may seem random, evidence suggests that this treatable skin disorder may actually be more predictable than once thought.

Q: Can lifestyle factors aggrevate rosacea flare-ups?

A: Yes! Facial redness becomes increasingly pronounced by sun exposure, emotional stress, hot weather and cold wind. Other triggers that are irritating to rosacea skin are alcohol, spicy foods, exercise, hot baths, hot beverages, and certain skin care products. Since it's not always possible to avoid these factors, be moderate with them.

At first, Patrick was proud of the "natural" color of his face, the red cheeks that gave him a healthy look. He never thought it was something to worry about or that it could be a clue of a chronic skin disorder. During an appointment with a dermatologist to check a mole, Patrick's physician told him he had rosacea.

Q: How is rosacea recognized?

A: If you notice a redness on your face, let that be a clue and don't ignore getting treatment. At its earliest and mildest stage, rosacea typically consists of a subtle redness appearing on the cheeks or nose, and in some cases the chin or forehead. Beyond flushing or blushing, another sign is facial skin that is easily irritated. The disease progresses with increased redness. Bumps or blemishes may appear. Watery or irritated eyes are another symptom. The development of visible dilated blood vessels represent a later phase. In advanced stages, the nose may become red and swollen from excess tissue. Always check with your dermatologist for accurate diagnosis and proper therapy.

Q: What about treatments?

A: Early treatment seems to prevent later complications. If untreated, symptoms of rosacea tend to worsen over time, and severe cases rarely go away by themselves. Rosacea requires prescription therapy to reduce symptoms. Dermatologists usually treat with topical and oral antibiotics to bring rosacea under immediate control. Long-term treatment with the topical medication alone may follow. In some cases, lasers can be used in the dermatologist's office to erase tiny blood vessels and help reduce redness and flushing, and correct the overgrowth of tissue on the nose. A good home skin-care program, especially the use of sunblock and products labeled non-comedogenic, which do not tend to produce or aggravate acne, are important to help soothe skin. Unfortunately, there is not yet a cure for rosacea.

Answers to your questions about rosacea from Jerome Z. Litt, M.D., assistant clinical professor of dermatology at Case Western Reserve University.

more on rosacea

For more information on rosacea, ask your dermatologist for an educational pamphlet from the American Academy of Dermatology or log on to the AAD's Web site at www.aad.org. Information is also available from the National Rosacea Society at 1-888-662-5874; Web site: www.rosacea.org

Send Questions

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