

Dermatology Associates is dedicated to providing quality dermatologic care. Our work begins and ends with our patients and is measured by how well we serve them.

THE SKIN BULLETIN

WINTER/SPRING 2008

Top Ten Skin myths: What you don't know can hurt you..

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1. A mole that is not raised is not considered suspicious or cancerous.

Most patients that come to see me for skin cancer screenings (total body examination for moles, and other skin lesions) are surprised when I point out flat moles or sun-damage spots as concerns. The common falsehood is that a mole must be raised above the skin surface to be "a problem". This is a dangerous misconception that could lead to a delay in diagnosis of a potential skin cancer. Although most basal cell carcinoma and squamous cell carcinomas (two of the three common types of skin cancers) are often raised, malignant melanoma which is by far the most deadly type of skin cancer, is often a flat dark brown or black spot or patch with no palpable raised quality.

The characteristic qualities of a malignant melanoma or an atypical mole (precursor to malignant melanoma) is a lesion which either old or new, shows an asymmetrical pattern of color or shape, has a border or edge which resembles more of a raisin than a grape, has more than one color within it or has changed color, or is dark brown or black. Any marked change in a mole should be checked out. Most changes turn out to be fine, but it's much safer to have an expert decide that.

2. My skin lesion must be ok because it doesn't hurt or bother me.

Skin cancers by and large do not hurt or cause much discomfort. Although certain fast-growing skin cancers can bleed and cause some pain, waiting for a skin growth to hurt before being examined is a risky mistake. Even small areas of the skin which appear to be non-healing pimples or localized rashes should be evaluated.

3. The brown spots on the backs of my hands or face are age spots or liver spots and can't be treated.

The tan or brown flat "freckle" like patches that appear in adults are caused by sun exposure, not from age alone or liver problems. They do not appear on parts of the skin surface which never get sun exposure. Just think of it, your face is the same "age" as your buttock skin, but your buttock skin doesn't get these brown splotches because that part of your skin was not abused by years of sun rays (I hope). The very good news is that these spots called lentiginos can be treated and prevented, you don't have to live with them! The treatments are many and vary in price and ease.



4. I never go out in the sun.

Unless you're a vampire, this is probably exaggerated. Most of my patients say this, meaning upon further questioning, that they do not sunbathe or lie on a beach seeking a sunburn or suntan. Nevertheless if you garden, play golf or tennis, walk the dog, watch your child's soccer match go out to get the mail or have a convertible you do go out in the sun. You may not intend to catch rays at the outdoor flea market but this is considered mild sun exposure. The point is, sun exposure should be considered even when doing daily tasks, which translates into keeping sun screen and hats around for all outdoor plans.

5. Tanning beds are a safer form of ultraviolet light exposure than the real sun.

Unequivocally untrue. Overexposure to UV light in any form can damage the skin. Sunburns are one aspect of immediate damage, but even without a notable burn deeper DNA damage can occur from UV exposure without your knowledge.

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6. All I need is a little SPF and I'm safe going in the sun.

Although SPF is a sensible defense against sun damage, it's not the only component. Just like toothpaste alone is not the only way to fight cavities. As a matter of fact, one can tan through a sunscreen. While most sun-screen and sun blocks prevent sunburn reactions they are poor at preventing the skin from darkening or tanning if you have the skin type that tans easily. SPF combined with sun-protective clothing* and hats work well. Take breaks while in the sun and seek out umbrellas and overhangs when possible. Wear sunglasses. Keep in mind that minimizing sun exposure can also keep your skin looking young as well as damage-free.

*A good rule-of-thumb regarding clothing as protection: If you hold up a T-shirt in front of a sunny window and you can see through it this means it has little if any protection from the sun's rays. A tightly woven garment would be much more protective.

7. Getting a "pre-vacation" tan will protect me from burning on my beach getaway.

For most Caucasian people studies show that an average tan only affords one an SPF level of 3.

8. I don't need to protect my skin from UV rays on a daily basis if I am not at the beach or directly in the sun.

Even driving in the car, UV rays affect the skin. Most people have more cumulative sun damage on the left side of the face as evidenced by greater numbers of sun spots and other imperfections, than on the right side. Although one doesn't get a sunburn through window glass, UVA rays can pass through most glass and cause latent sun damage which presents itself later in life. Similarly, airline pilots are at increased risk of sun damage by virtue of the UV radiation they experience due to both high altitude (UV is less filtered) and due to direct exposure through the glass windscreen.

9. I tan very easily so I probably will never have skin cancer.

Not a guarantee. Clearly, darker skinned individuals have greater natural protection from the harmful UV rays. Yet all skin types are at some risk for skin cancer.

10. I need to get some tan in order to receive my vitamin D requirement.

It is true that sun exposure on the human skin aids in vitamin D metabolism. Yet, the average time in the sun necessary equals about 6-10 minutes 3 days per week. Plus, this can be accomplished without being in a swimsuit, just by face, hand or scalp exposure. Lastly, vitamin D can be supplemented in the diet with fortified milk or daily supplements.



WELCOME TO OUR NEWEST EMPLOYEES

Physician's Associate

Vivian Mastroianni

Nurse

Amanda Stachlewitz

Operators

Jessica Winters

David Duncan

Jennifer Forster

Front Desk Staff

Stephanie Believe

CONFERENCES AND COURSE PARTICIPATION

Clinical Dermatology Conference

October 2007

Andrea Thompson, PA-C

American Academy of Dermatology

January 2008

Vivian Mastroianni, PA-C

Association of Dermatology Administrators/Managers

January 2008

Rob Hughes

WHO'S NEW?

VIVIAN MASTROIANNI, PA-C

The physicians and staff of Dermatology Associates of Western Connecticut are pleased to announce the addition of Vivian Mastroianni, PA-C. Vivian comes to us with over 17 years experience as a Physician's Associate with a background in Rheumatology and Dermatology. She is a native of Connecticut and graduated with honors from The University of Massachusetts with a Bachelor of Arts Degree. She is a graduate of Yale Medical School Physician Associates Program.



Please join us in welcoming Vivian to the Practice.

WHAT'S NEW IN OUR PRODUCT LINE?

The CoffeeBerry - a remarkable fruit with one of the highest antioxidant scores ever recorded - can now help your skin look smoother and younger. CoffeeBerry is exceptionally rich in polyphenol antioxidants, such as chlorogenic acid, condensed proanthocyanidins, quinic acid, and ferulic acid. Polyphenol antioxidants naturally prevent and rejuvenate damage caused by free radical exposure and oxidative stress. Find out how REVALÉSKIN™ products with 1% CoffeeBerry can rejuvenate your skin.

Before After

CLINICAL PROOF OF THE EFFICACY OF COFFEEBERRY®

In a six-week double-blind study, REVALÉSKIN™ products with CoffeeBerry® when compared to its agent were:

- Ten times greater at improving the appearance of fine lines & wrinkles
- Three times greater at improving the appearance of skin pigmentation resulting in a more even skin tone
- Four times greater at improving overall skin appearance

REVALESKIN is the first and only professional anti-aging line of skin care products exclusively formulated with the powerful natural anti-oxidant ingredient CoffeeBerry®. REVALESKIN has been proven to be non-irritating and non-comedogenic as well as clinically, dermatologist- and allergy-tested.



Dermatology Associates of Western Connecticut, P.C. Announces a New UVB Phototherapy Booth in our New Milford Office at 120 Park Lane Road

UVB is commonly used to treat psoriasis, atopic dermatitis, other forms of eczema and vitiligo but is also used to treat alopecia areata (a form of hair loss), itching, and many other skin diseases. Treatment involves standing in a box containing bulbs which emit artificial UV light for several minutes 3 to 5 times per week. Many patients clear or almost clear with 20 to 30 treatments.

Narrow-band UV light has been proven to be the most effective and safe wavelength of light to treat psoriasis. The treatment is delivered to the entire skin surface with the absence of any systemic effects. It is also safer than other systemic oral therapies which have the potential to affect other organ systems. To make an appointment to discuss this treatment, call

(860) 350-4152

Just in Time for the Spring!

By Beth Buscher, M.D.

It's that time of the year again. Spring is the time for new beginnings. Wouldn't it be nice to start fresh and hairLESS? It is possible with Candela Gentlelase Laser treatments. The Gentlelase is an alexandrite laser with a dynamic cooling device (DCD), which is used for permanent hair reduction. This laser targets the melanin (brown color) in the hair root. The best candidates for the treatment are fair skinned patients with dark hair.

The Gentlelase has a dynamic cooling device, which cools the epidermis and protects the skin before the laser pulse. This allows treatment to be quicker and less messy since no gels or cooling devices are required before and during laser treatment. The DCD also minimizes discomfort. Most importantly, the DCD allows the laser to be safely used in darker skin types.

Like all laser hair removal devices, this requires the hair to be in the right growth phase to have maximum improvement. Hair in the anagen growth phase is more amenable or vulnerable to the laser. If the hair is in the resting phase (telogen) or in the in-between phase (catagen), the laser can cause significant growth delay, but will not permanently destroy them. Therefore patients require multiple laser treatments to achieve permanent hair reduction.

Patients who are interested in laser hair removal should schedule a consultation first to discuss the goals, side effects, and cost.

We offer a discount for Gentlelase treatments where your 6th treatment is 50% off.

Please ask your provider for details.