

ROSACEA

Part I

Help! My esthetician said I have rosacea. How did I get it? How can I get rid of it? I just have a few red bumps on my cheeks, but what if it gets worse? Someone told me rosacea causes noses to grow, becoming bulbous and lumpy. Am I going to look like Bill Clinton? Aargh!

First of all, relax, take a deep breath, and read on. Rosacea (row-ZAY-shuh) is a common condition seen in people with fair skin types. It may appear as bright pink or red cheeks, easy flushing, with a gradual reddening of the complexion. Bumps (papules) and pustules form on the nose, central cheeks, forehead and chin. Men are more likely to develop dilated blood vessels (telangiectasias) around their nose which may become lumpy and enlarged (rhinophyma). Ocular rosacea affects the eyelid margins which can feel dry, irritated, and as if something is rubbing on the eye. Rosacea usually begins between 30 – 50 years of age, but can occur in children, and older. Women are more likely to get rosacea than men. Assisted by vivid descriptions from Chaucer and Shakespeare, a bleary-eyed, self-indulgent drunk, with a red face and swollen nose, is the image erroneously linked with the disease. This is a mistaken connection. Most people with rosacea are neither alcoholics, nor wealthy hedonists, but have fair, Celtic skin and blush easily.

When a person blushes, the network of small blood vessels on the cheeks enlarge, filling with blood. The cheeks feel warm, and appear bright pink. Emotional responses such as embarrassment, shame, anger, and guilt can trigger blushing. Very cold or hot weather, vigorous exercise, sunburn, or wind burn will also cause cheeks to redden. People with rosacea might once have blushed more easily than others, and over time the blushing lasted longer resulting in permanent pink or red cheeks. Dilated blood vessels begin to form around the nostrils, on the mid-cheeks and chin. Chronic sun damage directly contributes to the blood vessels. The person may notice stinging and burning cheeks, or may feel a fullness and warmth in the cheeks. This is the earliest and most subtle subtype of rosacea called VASCULAR (ERYTHEMATOTELANGIECTATIC) ROSACEA. The other three common forms are PAPULOPUSTULAR, OCULAR, AND RHINOPHYMA TYPE.

INFLAMMATORY (PAPULOPUSTULAR) ROSACEA- might be confused with acne, because both can have red raised bumps and pustules on the mid face. One significant difference is that blackheads and whiteheads do not occur with rosacea, but are common with acne.

BULBOUS NOSE (RHYNOPHYMATOUS) ROSACEA- This occurs when the oil glands become inflamed and enlarge. The surrounding tissue swells and grows. Prominent men with this form of rosacea include W.C. Fields, Rembrandt, and financier JP Morgan.

OCULAR ROSACEA occurs at the eyelid margins. A person may have itchy, irritated eyes, or feel like something is stuck in their eye.

Once rosacea has developed, many things can trigger a flare- hot-temperature beverages, spicy food, drinking alcohol, laughing robustly, and fluctuations in hot/cold temperatures. The stigma of being labeled a tippler because of red cheeks is embarrassing and wrong. A better idea is that a person with rosacea is someone who responds enthusiastically to life. Next month treatment options will be reviewed. Stay tuned.

ROSACEA

Part II

If you want to avoid these altogether, reserve them for special occasions, learn to enjoy permanent bright pink cheeks, or proceed to treatment. With treatment, consider the risk/ benefit profile, starting with the medication with the best efficacy and safety. Topical treatment with metronidazole cream 1%, or metronidazole gel 0.75% has been shown to be both effective and safe. Be patient, a good response might take up to two months initially. A decrease in red bumps, and background redness will be noticed, but dilated blood vessels usually do not respond. People with normal to oily skin prefer the gel, and those with dry skin prefer the cream, with once or twice daily application having similar results. If a person notices itching or dryness from the gel, switching to the cream is advised. Azelaic acid gel 15%, or cream 20% is another topical product used for rosacea. For some people this is more effective than metronidazole, but others find azelaic acid causes more discomfort and stinging. Simply keeping the skin barrier intact and healthy results in less inflammation, and regular application of an effective moisturizer also helps with background redness.

Oral medications include tetracycline, doxycycline, and minocycline, and erythromycin. The tetracyclines are used for their anti-inflammatory effect, not for their antibiotic effect. Once improvement is seen, as early as one month, the dosage can be reduced to the minimum needed. Side effects include abdominal upset, nausea, vomiting, headache, dizziness, increased sun sensitivity, yeast infections in women, medication interactions, and more. Many of these effects are dose related. In some cases, a micro dose of a tetracycline is effective at reducing inflammation, minimizing potential side effects.

Telangiectasias are permanently dilated capillaries and are virtually unresponsive to any treatments discussed so far. They require a physical treatment with a vascular laser, or IPL intense pulsed light. Camouflage make-up is a short term fix.

Flushing usually isn't controlled with these treatments however and sometimes clonidine, a medication to treat high blood pressure, is prescribed in low doses. Side effects include dry mouth, dizziness, and low blood pressure.

Laser, or IPL can also help with flushing.

Ocular rosacea often improves with treatment for papulopustular rosacea. Rhinophyma can be smoothed with a minimally invasive surgical procedure, giving spectacular results.

Rosacea treatment can be simple and straightforward, but can also be a bit challenging. An individualized treatment plan is usually very successful for improvement. We won't be satisfied, till you aren't satisfied.

Can My Dog Give Me Poison Oak?

With the sudden rush of green growing plants, the exuberance of spring can be intoxicating. It's hard to resist rushing out and sprinting through the fields. If Poison Oak is around it is easy to brush against without knowing, or even if we carefully avoid it, our pets can bring the oils home on their fur. Poison oak plants can be difficult to detect, yet only a few hours after our outdoor escapade, the allergic rash can develop.

DETECTION

Poison oak, of the genus *Toxicodendron*, along with poison ivy and poison sumac cause allergic contact dermatitis in humans 1 – 6 days after exposure. Over half the population is sensitive to uroshiol, the oily irritating substance of these plants. Uroshiol is easily absorbed into the skin and causes a delayed hypersensitivity reaction. The first sign may be itching and redness, then blisters develop, often in a linear pattern. These can ooze, drain, and heal in 10 – 14 days, but may last up to one month. The itching is intense. The blister fluid does not spread the allergy to other parts of the body. Besides direct contact, touching garden tools, outdoor equipment, or petting a pet's fur can transfer the oil to the skin. When the plants are burned, uroshiol oil in the smoke can cause a severe reaction if inhaled.

The plant grows as a shrubby bush in fields, and as a vine among trees. The leaves are dark, shiny green, the stems are a pale gray with aerial roots, and small whitish berries form later in the summer. In the fall, the leaves turn red and orange, and in winter only the stems reveal the potential for a serious reaction.

PREVENTION

The best way to minimize an allergic reaction once you have been exposed is to pour rubbing alcohol over the exposed area, then rinse with lots of cool water. If you only use an alcohol wipe and a bit of water you end up smearing the oil around resulting in a worse rash. Rinse with water for several minutes. Avoid warm water as it can help the oil penetrate your skin. Tecnu, available over the counter at most pharmacies, may accomplish the same as the alcohol/water rinse. Any tools, equipment, and clothing should be cleaned to minimize further exposure. Pets should be bathed.

TREATMENT

Tecnu, Calamine lotion, or 1% Hydrocortisone Cream can help the itchy symptoms. Contact a doctor if your face, eyes, or groin are involved, or if you have large areas of your body involved. You should also see a doctor if you have inhaled smoke from a burning plant, or if your skin appears infected-, warmth and tenderness around the area, or a foul odor and thick fluid draining from the blisters.

What's the Big Deal about Vitamin D?

- Vitamin D is necessary for bone strength and bone growth from infancy throughout our lives, that's what we've been aware of for years.
- Vitamin D helps prevent muscle weakness, muscle pain, and balance. Blood levels of Vitamin D3 measured in elderly people taken to the Emergency after a serious fall were negligible.
- Chronic pain, multiple sclerosis, brain impairment such as memory loss and foggy thinking may be associated with Vitamin D deficiency.
- Parkinson's disease patients have low levels of Vitamin D, but as yet, it is not known if the deficiency is causal or simply an association.
- Hypertension, peripheral vascular disease, and heart attacks are linked with low levels of Vitamin D.
- Low levels of D may contribute to immunodeficiency, autoimmune diseases such as lupus erythematosus, type 1 diabetes, and some forms of cancer.

What are the sources of Vitamin D? Liver and light.

Vitamin D is the only Vitamin not readily found in food, unless your diet consists of egg yolks, beef liver, cod liver, and fatty fish- Salmon, Tuna, Mackerel, Sardines, Herrings, and Eel. Yum. Cereals, breads, orange juice, and milk can be fortified with Vitamin D. Sun exposure creates Vitamin D in our skin via a photochemical reaction. Some people rationalize sunbathing, many hours in the sun, or use of tanning beds as ways to absorb Vitamin D, but how much sun exposure is necessary for Vitamin D production? That is very tough to predict accurately. The amount of sunlight necessary depends upon –

- A person's age – younger people absorb and convert sunlight to Vitamin D more easily.
- A person's skin tone- people with darker skin convert sunlight less easily.
- Season – In summer it is easier to convert Vitamin D, in winter, virtually impossible to get adequate Vitamin D from sun exposure alone if you live north of Phoenix, Arizona because the sun light trajectory isn't high enough for UVB rays to penetrate the atmosphere.
- Distance from the equator- more intense prolonged sunlight is present closer to the equator.
- Pollution – smog, forest fire smoke, and other air pollutants reduce the amount of sunlight available.
- Time of day- mid day sun provides more Ultraviolet B (UVB) radiation, morning and evening hours provides less.

What are the daily Vitamin D requirements? The daily value recommended is 200 IU for people up to age 50, 400 IU for people age 51 – 70, and 600 IU for people over 70, but many experts currently advise at least 1000 IU daily. The safe upper limit is 2000 IU per day.

Practice Safe Sun

The dilemma of adequate Vitamin D without overexposure to solar radiation can be solved with a simple daily capsule of Vitamin D. I see the toxic effects of sunlight daily on patients—leathery, wrinkled, splotchy skin; skin cancers, including Basal Cell Carcinoma, Squamous Cell Carcinoma, and Malignant Melanoma; and precancerous Actinic Keratosis. Unprotected sun exposure might give you some Vitamin D but probably not enough. Why risk it when an oral supplement is both safer and stronger?

I Hate My Scar!

What is a scar?

A scar occurs after the skin has been damaged by a cut, a scrape, a tear, or a burn. The body heals by creating new collagen to repair the damage. The repair (or scar) can be raised, sunken, have an uneven or cobble stone appearance, or even seem to enlarge and grow. It can be flesh colored but usually is different in tone, ranging from porcelain white to deep purple or dark brown. While a scar will never completely disappear, there are techniques to minimize its appearance. Let's look at each type of scar separately as their treatments differ.

Keloid Scar – This is a raised scar that keeps on growing and seems to take on a life of its own. It can be painful or itch and occurs more often after piercings, resulting in a knobbly, cauliflower type of scar. If it occurs after an ear piercing, it can grow to be much larger than any earring. Keloid scars are common on the ears, back of the neck, chest and back and will respond to compression dressings or corticosteroids- as a cream, tape or most effectively, as an injection by your doctor. ScarGuard may also be recommended by your doctor to help flatten the scar. To prevent a keloid scar, ask your doctor before a procedure to use suture techniques to minimize the risk.

Hypertrophic Scar – This is also a raised, firm scar caused by an abundance of new collagen, but it isn't as large and misshapen as a Keloid scar. Common locations on the body are the chest, upper back, and shoulders. Tension on the scar can cause it to spread and raise. It can itch or be painful. Treatment is similar to that of keloid scars including compression dressings, and corticosteroids. Firm massage also helps.

Flat Scar – A flat scar can occur anywhere on the body and is usually asymptomatic. A fine net of tiny blood vessels – telangiectasias- may form around the scar. These can be treated with Intense Pulsed Light (IPL), or Lasers.

Makeup can conceal a scar.

Atrophic Scar -- This looks like a dent or pit in the skin and commonly occurs after chickenpox or severe acne. Prevention is the simplest treatment – if you have acne that is categorized as mild to moderate, with mostly blackheads, whiteheads, and a few papules and pustules, you have a good chance of avoiding permanent scarring. When acne progresses to deep cysts, nodules, or many large inflamed pustules, scarring is more likely to result. Treatment of atrophic scars includes dermabrasion, chemical peels, and lasers. Results are varied.

Post inflammatory hyperpigmentation -- Brown or dark purple patches that linger after a mosquito bite, acne flare, or itchy rash can take months to lighten. Because the skin surface is not damaged, this is not a true scar and will fade gradually. Avoid the sun to minimize the risk of permanently “setting” the discoloration.

While scar revision surgery can help the appearance of a scar, many scars improve with time, so waiting six to twelve months might be the best choice. If a tattoo sounds intriguing, Scar Art is a temporary tattoo to cover C section or tummy tuck scars.

USE IT OR LOSE IT

If you were invited to join the trip of a lifetime, would you accept? If the trip involved intimate exposure with one of the Seven Wonders of the Natural World, would you hesitate? If the trip involved a two day hike of nearly 24 miles, with over 5800 feet of descent and 4500 feet of elevation gain, would you sign up? I had the extraordinary opportunity to join Pamela Peeke, MD, a nutrition, fitness, and health expert who has been counseling me to incorporate exercise into my daily routine. I leapt at the chance to join Dr. Peeke and her “Peeke Performers” on this hike. Peeke Performers are women and men who have accepted the challenge to become physically and mentally fit and to live life with passion. We were joined by Regina Benjamin, MD, the US Surgeon General and Honorary Chair of Exercise is Medicine, and who hikes 14,000 feet peaks everytime she gets a chance. The group also included Toni and Steve, phenomenal guides and Wilderness First Responders, from Red Mountain Spa, in St George, Utah, Andrea Metcalf, a fitness consultant from Chicago, Illinois, and two, yes two film crews.

I had two concerns about the trip – 1) would I be able to make it, and 2) how to protect from the sun for two days straight. Both concerns were groundless as everyone on the trip succeeded in completing the hike without mule or helicopter assistance. Elta MD SPF 46 Spray, a spray-on sunscreen with zinc oxide, and sun protective hats and shirts by Coolibar kept our skin hidden from the intense UV rays. Other valuable items were hiking poles which helped on the descent, particularly those with wobbly ankles or knees, Sport Jelly Beans, and Red Mountain Spa’s energy bars- a proprietary mix of peanut butter, honey, and crunchy things.

The Grand Canyon is stunningly beautiful, a place to be savored. Of the visitors to the Grand Canyon, only 1% journey to the bottom, and only 8% of those are women. We were elated with our achievement. Interesting sights included a Grand Canyon Rattlesnake along the trail, and a nocturnal visit from a Ringtail “cat” to our cabin at Phantom Ranch. Consider hiking the Grand Canyon, from either the North or South Rim. You will never be the same.

<http://blogs.webmd.com/pamela-peeke-md/2010/09/history-is-made-surgeon-general-hikes-the-grand-canyon.html>

www.coolibar.com

www.eltamd.com

<http://www.grandcanyonlodges.com/lodging-704.html>

www.redmountainspa.com

www.sportbeans.com

www.surgeongeneral.gov

SUNBURN SAVVY

Even though the summer is nearly over, there is still time to get sunburned, and here is what you need to know in case that happens.

Question: What is the best treatment for sunburn?

Answer: It all depends upon how severe the sunburn, and how large an area of skin is exposed to the sun.

Mild sunburn – covers a small part of your body, an ankle, wrist, back of neck, and is pink-red with minimal swelling and discomfort. **Keep the skin moist**, with a lotion, or **apply 1% hydrocortisone ointment**, an over the counter strength topical steroid product. **Aloe gel** may help with the burn. Simply snap off a leaf and rub on the burned area. You'll be a bit sticky, but the cool plant liquid will be soothing. Oral anti-inflammatory medications, **advil or aspirin**, available over the counter, will help with the redness and swelling, but avoid aspirin for children or teenagers because of the risk of Reyes Syndrome.

Moderate sunburn- covers a large part of your body, or is very red, sore, painful, or blistering. **Keep the skin cool and moist**, apply a moisturizing cream or lotion after taking a cool, not cold, bath or shower. **Hydrocortisone 1% ointment** will help with redness, swelling and pain, and is less likely to sting than cream or lotion. **Aloe leaf gel** is soothing, and might help with the burn, and oral anti inflammatory medications, advil or aspirin are also beneficial. **Leave blisters - intact** - they are bacteria free and will reabsorb over a few days. Popping them could cause a skin infection. **Keep hydrated** with water or juices.

Severe sunburns may have nausea, dizziness, fever, ache, severe pain, blistering over large parts of your body, and be slower to heal. One patient told me that she thought she had sunburned her bones. **Consider medical care** for hydration and anti-inflammatory medication such as oral prednisone, or prescription strength topical ointments.

Points to remember about sunburn

- Cloudy days can be real scorchers- 85% of ultraviolet rays can reach your skin.
- Each thousand feet above sea level allows 5% more solar radiation. At Lake Tahoe, 6225 feet elevation, you will be exposed to over 30% more ultraviolet, to protect your skin accordingly.
- Solar radiation is stronger closer to the equator.
- Some medications can increase your risk of sunburn – Antibiotics, some acne medication, antihistamines, anti hypertensive, anti inflammatory medication, St. John's Wort and some antidepressants are well known.

Check with your doctor or pharmacist if you are unsure.

Prevention S S S

- **Slip** into the shade between 10 AM and 4 PM.
- **Slap** on a hat or sun-protective clothing. The garments are tightly woven, a bit pricey, and last for years. SunGuard, an additive for the washing machine, adds sun protection to your clothes through multiple washes.
- **Slop** on sunscreen- at least SPF 30, full or broad spectrum, and reapply every two hours while outside.

www.coolibar.com
www.sungrubbies.com
www.Solumbra.com

www.sundayafternoons.com
www.sunprecautions.com
www.sunguardsunprotection.com