

Taking Teenage Skin Problems Seriously



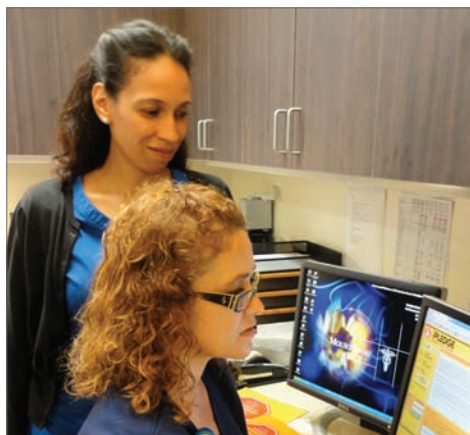
By Susan V. Bershad, MD

Everything is funny as long as it is happening to somebody else, said the humorist Will Rogers (1879-1935). He had a point when it comes to health problems.

At the University of Texas, an analysis of the television sitcom Seinfeld revealed that in its 9 seasons, there were over 1,600 comical situations about medical conditions and more jokes about dermatology than any other specialty. Remember Jerry's revenge date with a skin doctor after she claimed that she saved someone's life? *Well, it must take a really, really big zit to kill a man*, Jerry said. *You call yourself a lifesaver – I call you Pimple Popper, MD!*

I'll admit this was funny, and in the end, the dermatologist had the last laugh when a grateful patient thanked her for curing his skin cancer.

What concerns



Faculty Practice head nurse Carmen Martinez (front) and medical assistant Iliana Rosado help enroll patients with severe acne in the iPLEDGE Program

me is that the object of the joke was acne. About 85% of Americans suffer from acne during their teen years, and although pimples might not be fatal, they're no joke to someone who has them. Studies have shown that acne can seriously impact a teenager's self-esteem, social interactions, and performance at school and work. And according to other research, most teens are reluctant to talk about acne with their parents and doctors, and for this reason they might not receive the care they need.

It's important to know that the patient is not to blame. The causes of acne are heredity and hormones, not poor hygiene

or eating particular foods. But most dermatologists do recommend plenty of sleep, moderate exercise, and good nutrition to reduce stress and calm the hormone surges that lead to outbreaks.

During adolescence, there is a rise in androgens, the male hormones found in both sexes. These activate the skin's oil glands and cause cells to become more adherent, leading to blackheads and whiteheads, which we dermatologists call comedones. The most common sites of acne – the face, upper back, and chest – then become breeding grounds for *Propionibacterium acnes*, a type of bacteria

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Members of our Saturday team, medical assistants Maggie Chung (left) and Lisa Hernandez, set up for Dr. Bershad to perform acne surgery

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Autumn Skin Rescue: Questions & Answers



Mark G. Lebowhl, MD

Q. *What's the best way to treat the rough, pinkish-tan spots on my face that my doctor calls actinic keratoses?*

A. Actinic keratoses (AKs), which are caused by long-term sun exposure, have the potential to develop into skin cancers. Individual AKs may be removed by freezing or curettage (scraping). Large areas of skin with many AKs can be treated with topical prescription creams and gels that contain the active ingredients 5-fluorouracil, diclofenac, imiquimod, or the newly approved ingenol mebutate. Several of these were discovered or tested at Mount Sinai. Office procedures like laser resurfacing and photodynamic therapy are also effective. Treatments do vary in terms of downtime, discomfort, results, expense, and recurrence rates. Ask your dermatologist to review these options with you.

Dr. Lebowhl is Professor and Chair, Department of Dermatology, and a member of the Faculty Practice Associates (www.mssm.edu/lebowhl).

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Healthy and Beautiful Nails: TOP TEN TIPS



By Dana Stern, MD

Autumn is a time when many of us refocus on our appearances. Like a fresh new hairstyle or skincare regimen, well-groomed nails help create an attractive image. Here are some helpful tips to get your nails in shape as you go back to school or work.

1 DON'T CUT YOUR CUTICLES.

Your cuticle is your nail's natural protective seal. It prevents bacteria, yeasts, and other types of fungus from entering the skin of the fingertips and toes. Instead of trimming, apply gentle pressure with a wash cloth after a warm shower.

2 CARE FOR YOUR CUTICLES.

Your cuticles are located right above the most important part of the nail, the half-moon area called the matrix. Avoid trauma to the matrix, which can lead to nail deformities, and keep your cuticles hydrated with cuticle cream or oil.

3 GO EASY WITH HAND SANITIZERS.

Although portable disinfectants do kill germs and prevent colds, these are alcohol based and can be drying. Whether you wash your hands or sanitize them, remember to use a moisturizing hand cream afterward.

4 LOOK FOR A NAIL SALON WHERE SAFETY IS KEY.

If your salon operators don't sterilize their implements, then bring your own. After each use, wash them with soap and water, and boil metal tools on the stove for ten minutes. Once dry, store them in a Ziploc® bag.

5 BEWARE OF ULTRAVIOLET LIGHT (UV) EXPOSURE.

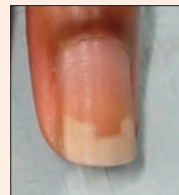
The newer gel manicures and pedicures are cured using UV light, a risk for skin cancer. If you go this route, protect your skin by applying a broad-spectrum sunscreen, or drape a cloth over your hands or feet.

6 KNOW THE LIMITS OF COSMETIC NAIL PROCEDURES.

Salon technicians aren't trained to care for cuticle infections or nail fungus and aren't legally permitted to remove calluses or warts with sharp instruments. Don't allow nail technicians to perform procedures that draw blood.

7 AVOID USING METAL TOOLS UNDER YOUR NAILS.

By inserting an implement to clean under the nail, you or your manicurist can cause the nail to separate from the underlying nail bed (see photo). To maintain clean nails, keep them short, and use a nailbrush when needed.



8 HANDLE HANGNAILS WITH CARE.

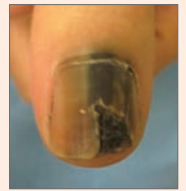
Resist the urge to bite or pick at a hangnail (torn cuticle) – this can cause an infection. Instead, use sterilized cuticle scissors to cut the hangnail at its base, then apply nonprescription bacitracin ointment twice a day until it's healed.

9 CONSIDER GIVING YOURSELF A NAIL POLISH HOLIDAY.

If your nails are dry, peeling, and cracking, it might be from too much polish remover, which can be drying to the nails. A short break from nail cosmetics can be just the thing you need.

10 DON'T COVER FLAWS WITH ARTIFICIAL NAILS OR POLISH.

Nail defects require medical diagnosis and treatment. Thickening and discoloration might mean infection. A brown or black stripe could indicate a dangerous form of cancer called melanoma (see photo). If you don't know what something is, please see a dermatologist.



Dr. Stern is an Assistant Clinical Professor of Dermatology and a Voluntary Faculty member of the Department (www.mssm.edu/dstern).

Skin Health

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The Editors thank
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Autumn Skin Rescue: Questions & Answers (continued from page 1)



Gervaise Gerstner, MD

Q. I use sunscreen all summer but keep developing freckles and age spots anyway. How can I get rid of them?

A. Melanocytes are smart...they have the best memory! This is my response to patients who roll into my office in September complaining about brown spots after a summer by the pool and beach. Remember that sunscreens are not 100% effective at preventing pigment formation. In my experience, the fall is the perfect time to break out the lasers to battle dark spots and wrinkles caused by too much sun. My top three laser choices are the Fraxel™ Dual, the Clear+Brilliant™, and the GentleMax™ for zapping individual brown spots. I sometimes jump-start the rejuvenation process with microdermabrasion or in-office peels that contain glycolic acid or salicylic acid.

Dr. Gerstner is an Assistant Clinical Professor of Dermatology and a Voluntary Faculty member of the Department (www.mssm.edu/gerstner).

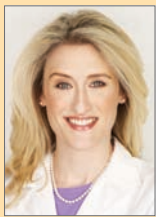
Q. Which are the best skin products to improve the appearance of aging skin?

A. Sunscreens are the most important products to use on a daily basis. Reducing ultraviolet (UV) exposure is the best way to avoid damage to the skin's structural proteins, called collagen and elastin, prevent pigmentation, and lower your risk of fine lines, wrinkles, and age spots. Topical antioxidants like vitamin C help protect against the harmful effects of UV light by acting like fire extinguishers to quench the free radicals that damage the DNA of skin cells. I like nonprescription creams containing peptides or growth factors that appear to work by stimulating new collagen production. If you're looking for a prescription product, there are FDA-approved formulations of two retinoids, tretinoin and tazarotene, which improve the appearance of sun-damaged skin. Be aware that retinoids can cause skin irritation and must be avoided during pregnancy.



Joshua Zeichner, MD

Dr. Zeichner is an Assistant Professor of Dermatology; Director, Cosmetic and Clinical Research; and a member of the Faculty Practice Associates (www.mssm.edu/zeichner).



Heidi Waldorf, MD

Q. What can be done to improve my acne scars before the holiday season?

A. Acne scarring takes a layered approach that includes minor surgery, tissue fillers, and lasers. Deep scars can be released with a procedure called subcision, and shallow scars can be improved with soft tissue fillers. After these methods, I'll often recommend several treatments of the Vbeam™ laser to soften and lighten red scars and calm down ruddy complexions. Finally, I rely on fractionated laser resurfacing, which allows the skin to heal quickly, because it leaves microscopic areas of untreated skin in between the treated areas. After fractionated erbium, patients are back to school or work in 3 to 5 days, and after fractionated carbon dioxide, 5 to 7 days. The skin looks even better several months after the last treatment, because remodeling of the collagen layer continues to take place.

Dr. Waldorf is an Associate Clinical Professor; Director, Laser and Cosmetic Dermatology; and a member of the Faculty Practice Associates (www.mssm.edu/waldorf).

Taking Teenage Skin Problems Seriously (continued from page 1)

responsible for the papules and pustules that teens refer to as zits or pimples.

Mild acne can be treated with over-the-counter gels, pads, and cleansers that contain benzoyl peroxide or salicylic acid. It's time to see a skin doctor if acne doesn't clear up after 2 to 3 months. Fortunately, most health insurance plans provide coverage for acne visits and medicines.

Dermatologists recommend a wide range of effective prescription drugs, in categories such as topical retinoids – a group related to vitamin A that includes tretinoin, adapalene, and tazarotene; topical antibacterial agents such as benzoyl peroxide, clindamycin, dapsone,

erythromycin, and azelaic acid; and antibiotics by mouth, especially those in the tetracycline and erythromycin groups. Female patients with difficult acne should be tested for abnormal hormone levels. In my experience, oral contraceptives and an androgen inhibitor called spironolactone can bring about excellent improvement, even when a young woman's baseline hormones fall within the normal range.

Personally, I'm a strong believer in acne surgery, the term we use for extracting comedones. Dr. Joshua Zeichner also performs acne surgery and uses the pulsed-dye laser to treat moderate-to-severe acne. He and others in the Faculty Practice manage acne scarring with lasers

like the Vbeam™ and Fraxel™ (see Dr. Waldorf's Q&A above).

When all else fails, there is an acne drug called isotretinoin for severe cases. It can have serious side effects and must be monitored closely, but in most instances, this drug is capable of producing dramatic and long-lasting results.

Getting back to the humor of Will Rogers, he and others are credited with saying that laughter is the best medicine. During their time this might have been true, but when it comes to treating acne today, we dermatologists offer medicines that are better by a long shot.

Dr. Bershad is Editor of Skin Health; an Associate Clinical Professor; Director of Pediatric and Adolescent Dermatology; Medical Director of the Dermatology Outpatient Clinic; and a member of the Faculty Practice Associates (www.mssm.edu/bershad).

OUR SUPPORTERS ENABLE COMMUNITY OUTREACH EFFORTS



A DAY AT THE BEACH

Our team of resident physicians and other volunteers, led and organized by the Mount Sinai Dermatology Residency Program Director Dr. Jacob Levitt and resident physician Dr. Ahmed Hadi, provided free skin cancer screenings to over 200 beachgoers. They were joined by New York State Assemblyman Harvey Weisenberg.

The generosity of our donors helps to provide the funding needed for many of the department's activities, including residency training, public education, community service, and research discoveries in skin disease and emerging therapies.

An example of community outreach was our free skin cancer screening event at Jones Beach on July 21, 2012. A generous grant from Medicis Pharmaceutical Corporation enabled us to partner with the Colette Coyne Melanoma Awareness

Campaign (CCMAC) to provide screenings at no charge to over 200 members of the public.

According to co-organizer Dr. Ahmed Hadi, "CCMAC are some of the kindest people I've ever interacted with, and they were genuinely there to make a difference and spread awareness about skin cancer." The CCMAC was inspired by a beloved family member, Colette Marie Coyne, who succumbed to melanoma at a young age.

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*Prior gifts to celebrate Dr. Lebwahl's 30th year in the Department may be found in the Spring/Summer 2012 issue of Skin Health (www.MountSinaiDermatology.com). All gifts made in 2012 will be acknowledged in the Spring 2013 issue of Skin Health. We apologize for any errors or omissions.

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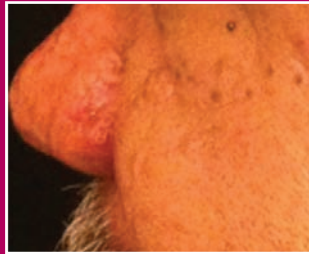
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THE IMPACT OF TECHNOLOGY-BASED DEVICES

By Hooman Khorasani, MD



Thanks to recent advances, my colleagues and I at the Faculty Practice Associates now perform many high-tech procedures to treat skin diseases and appearance. We use topical and local numbing agents instead of general anesthesia to minimize discomfort. Most of these methods have the benefit of little or no downtime, but certain procedures and conditions do require a series of treatments for optimal results. These are some of our commonly used light-based, laser and radiofrequency devices.



CO₂ laser resurfacing of severe rosacea before and 4 weeks after two treatments with DeepFX™



Vascular laser treatment of a large hemangioma before and 4 weeks after two treatments with Vbeam™

Photos courtesy of Dr. Hooman Khorasani

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Dr. Khorasani is an Assistant Professor of Dermatology; Chief, Division of Mohs, Reconstructive and Cosmetic Surgery; and a member of the Faculty Practice Associates (www.mssm.edu/khorasani).

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Skin Health

FALL 2012

**COLUMBUS AVENUE DISCOVERS
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The Dermatology Faculty Practice has arrived at a brand-new outpatient center called Mount Sinai URGENT CARE, located at 638 Columbus Avenue, corner of 91st Street.

We're pleased to introduce two new Faculty Practice members offering dermatology appointments at this facility, Dr. Angela J. Lamb and Dr. Annette Czernik. Dr. Lamb graduated from Cornell University, received her medical degree from Albert Einstein College of Medicine, and trained in dermatology at the University of Minnesota. She serves as the director of dermatology services at the Upper West Side center. Dr. Czernik attended Albert Einstein College of Medicine, was a medical intern at Yale-New Haven Hospital, and completed her dermatology residency at the University of California, Irvine.



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