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 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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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.
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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.
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. Lebwohl’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.
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.

RESURFACING DEVICES:
- DeepFX™ fractional ablative laser: deep wrinkles and severe acne scars
- ActiveFX™ fractional ablative laser: severe pigmentation and age spots
- TotalFX™: a combination of DeepFX™ and ActiveFX™
- Fraxel Restore™ fractional non-ablative technique: mild wrinkles and moderate acne scars
- Fraxel Thulium™ fractional non-ablative technique: mild pigmentation and age spots

SKIN-TIGHTENING DEVICE:
- Thermage™ radiofrequency device: nonsurgical skin tightening and contouring

VASCULAR LESION DEVICES:
- Vbeam™ Pulsed Dye Laser (PDL): acne, acne scars, hemangiomas, spider veins, and redness from rosacea
- Quantum SR™ Intense Pulsed Light (IPL): vascular lesions, unwanted pigmentation, and sun damage

DEVICES FOR OTHER SKIN DISORDERS:
- Narrow-band Ultraviolet B (NB-UVB): eczema, atopic dermatitis, psoriasis, and vitiligo
- Excimer Laser: Psoriasis, vitiligo, and hand/foot eczema that are unresponsive to NB-UVB
- Q-switched Ruby and Nd:YAG Lasers: removal of unwanted tattoos and pigmentation
- LightSheer™ Diode Laser: removal of unwanted hair

Photos courtesy of Dr. Hooman Khorasani

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).
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.

To book an appointment at Westside Mount Sinai Dermatology, or at the Dermatology Faculty Practice at 5 East 98th Street, please call (212) 241-9728.