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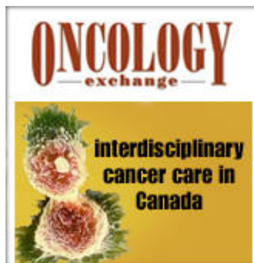

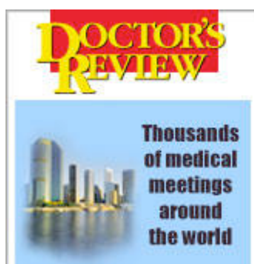

NATIONAL REVIEW of MEDICINE
ESSENTIAL NEWS FOR CANADA'S PHYSICIANS

JUNE 15, 2006 | VOLUME 3 NO. 11

PATIENTS & PRACTICE

WHAT TO TELL YOUR PATIENTS

Rescue patients from unsightly summer skin conditions

BY JULIA CYBORAN

Experts say the sun's rays will be more dangerous than ever this year, with levels of UV radiation expected to rise over 4%. Not all your patients will heed your warnings to slap on the suncreen, but what they might not know is that cancer's not the only thing they need to worry about. Those piercing rays can cause a slew of skin conditions that, though innocuous, can leave them worrying more about what *they're* exposing when they slip into their swimsuits. Here are a few tips on what to tell them about some of those summer skin afflictions.

BEATING THE BLOTCH

Melasma is a skin condition characterized by hyperpigmentation patches that usually show up on the forehead, cheeks and upper lip. The condition is much more prevalent among women, who make up 90% of cases. People with darker skin, like Hispanics and Asians, are also at higher risk.

Sunlight is the single most important cause of melasma. Pregnancy or other hormonal influences, like the birth control pill, are also to blame, says Dr Peter Vignjevic, a dermatologist and professor at McMaster University. He recommends patients use sunscreen everyday — rain or shine. You can also write up a script for hydroquinone cream, which will essentially bleach the darkened pigment patches. Glycol peels and microdermabrasion can also help. Tell your patients that if they don't avoid the sun and use appropriate protection, treatments won't be as effective and might not work at all.

OVEREXPOSED

Patients who develop rashes in sun-exposed areas — anywhere from a few seconds to a few days after sun exposure — may suffer from **photosensitivity**, explains Dr Vignjevic. This increased susceptibility to sunlight can present in many different ways and can be caused by a number of underlying factors, including drugs like diuretics, anti-inflammatories and certain antibiotics; contact with chemicals or fragrances; autoimmune diseases and genetic disorders.

A couple of tests can help confirm your diagnosis. A phototest, which shines different types of light on the skin, is one option. Photosensitivity caused by contact with certain chemicals can be confirmed with a photopatch test, where a light is shined on an adhesive patch containing photosensitizing materials that's placed on the skin.

The good news is that even if you can't figure out what's causing the reaction, you can do something about it. In the case of **solar urticaria** — hives that appear minutes after sun exposure — tell patients the reaction should resolve on its own within a few hours. You can also suggest oral antihistamines to help relieve the itchiness.

Polymorphous light eruptions are most often crops of small pink or red bumps. "This rash appears six to 48 hours after sun exposure, usually on the chest and hands," says Dr Vignjevic. "It usually starts in the spring and gets better as the summer progresses." Luckily this condition, which is more common in women, spares the face. In the case of all types of photosensitivity, regular use of sunscreen is essential.

HOT, HOT, HOT

Miliaria, more commonly known as prickly heat, hits many people during the peak of summer heat. "The prickly rash is usually observed in areas covered by tight clothing," says Dr Vignkevic. Tell patients that antihistamines can help for

symptomatic relief. Keeping the skin cool and avoiding tight clothing is also recommended.

IS IT CANCER?
Seborrheic warts or skin **tags**, are the most common form of benign skin tumours. Skin tags aren't dangerous and you should reassure patients that they don't lead to cancer. You can easily remove them in your office. "Liquid nitrogen is what I prefer," says Dr Vignjevic, "but you can also use excision or curettage skin tags, if small. If they're large, you can try scissor removal with a cautery at the base."

In contrast to skin tags, **actinic keratosis** (AK) is an early warning signal of skin cancer. But early treatment will ensure it never gets to that stage, so reassure patients that they can be easily treated, while encouraging them to be extra vigilant. "The small rough papules are easier to feel than see," says Dr Vignjevic. "They usually appear on a background of sun damaged skin, most often on the scalp, face and hands." You can easily remove the lesion with liquid nitrogen. Topical prescription creams like imiquimod and fluorouracil can protect skin and minimize the appearance of AK. You should also advise patients to slather on the sunscreen to prevent any more skin damage.

BARING IT ALL
Many people are uncomfortable with the awkward appearance of dry, bumpy, goose-like skin on their upper arms. This very common benign disorder, **keratosis pilaris** (KP) is caused by an excess of keratin around hair follicles that results in inflammation. Affecting between 50-80% of teens and 40% of adults, KP tends to be worse in winter, when the drier conditions increase the inflammation. Though it's not directly caused by sun exposure, KP can be a source of embarrassment for patients when bathing suit season comes a'knocking.

Treatment's pretty simple. Suggest a lotion with 10% glycolic acid, like Reversa, that patients can apply two times a day. Also recommend patients use a loofa when bathing and milder soap, says Dr Vignjevic. "If that doesn't work, glycolic peels and microdermabrasion help," he adds. For more severe cases, a weeklong course of medium-potency topical steroid cream should do the trick.

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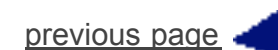

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