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Teens, Skip the Tanning Beds: International Study Links Them to Melanoma

What does UV radiation from tanning beds have in common with a radioactive substance like plutonium? They are both on the list of the most dangerous kinds of cancer-causing radiation and as deadly as arsenic and mustard gas. Do you know about the report that declared radiation from UV tanning “carcinogenic to humans”?

Every year, nearly 2.3 million American teenagers visit tanning salons. The dangerous consequence is a significantly increased risk of melanoma, the deadliest form of skin cancer.

Men and women who ever used sunbeds were 15% more likely to develop melanoma, the researchers found, based on 19 studies they reviewed. A review of 7 studies found that exposure to tanning beds before age 35 boosted melanoma risk by a staggering 75%.

Dr. Esche advises you to try self-tanning creams instead of tanning beds.

Routine Dermatologist-Performed Full-Body Skin Examination Can Detect Earlier Melanomas than Patient Observation

Survival rates for melanoma depend on the thickness of the primary lesion, making early detection very important.

A recent study evaluated 123 patients with skin melanoma diagnosed between 2005 and 2007 (*Arch Dermatol* 145: 873, 2009). The authors reported that 56.3% of melanomas were diagnosed by a dermatologist during a visit for an unrelated condition. Dermatologist-detected melanomas were significantly more likely to be thinner than those detected by the patient.

The authors conclude that most melanomas detected in general practice were detected by dermatologist-initiated full-body skin examination. This led to the early detection of potentially curable melanomas.

Both the American Academy of Dermatology and the American Cancer Society recommend an annual Full Skin Exam for all patients over age 40. If you have certain risk factors, such as

extensive sun (or tanning bed) exposure, a history of two or more severe (blistering) sunburns, a precancerous skin growth, a family or personal history of skin cancer, or numerous moles, you should start your screening earlier.

Vitamin B12 Cream: A New Maintenance Treatment for Eczema and Psoriasis

A double-blind, placebo-controlled clinical trial in adults revealed a continuously progressive beneficial effect of vitamin B12 cream on eczema throughout the treatment phase of 8 weeks (*Br J Dermatol* 150: 977, 2004). Two patients (4%) reported a very good efficacy and a further 26 patients (55%) reported a good efficacy of the vitamin B12 cream. A recently published trial extended this finding to children with a mean age of 3.6 years (*J Altern Complement Med* 15:387, 2009). The efficacy and safety of topical vitamin B12 was also established in psoriasis (*Dermatology*: 203, 141, 2001).

Thus, following treatment of an acute flare of atopic dermatitis or psoriasis with high-potency steroids, vitamin B12 cream can be tried for maintenance treatment in an attempt to prolong the relapse-free interval. Patients need to be aware that while topical vitamin B12 appears to have minimal to no adverse effects it is still a new drug which implies that there may be side effects that we do not know about yet.

At this time, vitamin B12 cream is not commercially available in the US. Ask our pharmacist Donnie Riley about compounded vitamin B12 cream. Orders of 60g for \$20 can be placed at 270-781-3095.

Beyond Skin and Joints: Psoriasis and The Metabolic Syndrome

The chronic inflammatory nature of psoriasis is thought to predispose patients to other diseases with an inflammatory component. This concept is supported by studies showing that psoriasis is associated with risk factors for the metabolic syndrome: type 2 diabetes, dyslipidemia, hypertension, and perhaps most importantly, obesity.

The metabolic syndrome affects more than half of patients with psoriasis, with the likelihood of the syndrome increasing with the severity of the skin condition, delegates were told at the *18th Congress of the European Academy of Dermatology and Venereology in Berlin, Germany* (October 7-11, 2009).

Anna Ravella and colleagues measured the body mass index, blood pressure, and waist circumference of 91 patients with psoriasis. The patients also completed glucose tolerance and fasting insulin tests and their lipid profile was determined. In all, 49 (54%) patients had the metabolic syndrome, defined according to 2005 International Diabetes Foundation criteria. Also, 45 (49%) had diabetes, impaired glucose tolerance, or fasting plasma glucose levels of at least 100 mg/dl.

The mortality associated with psoriasis is often linked to cardiovascular events and recent data show that young females with severe psoriasis are 5.6-times more likely to suffer a cardiovascular event (*Arch Dermatol* 143: 1493, 2007).

Dr. Esche suggests that psoriasis patients are screened by a primary care physician for the metabolic syndrome. This will facilitate early diagnosis and treatment!

Clarisonic® Face Brush: Beloved By Almost Everyone Who Tries It

Basically a tool for cleansing the face, Clarisonic® is an electric facial cleansing brush to be used with any cleanser to deep clean pores. Oscillating at a sonic frequency of more than 300 movements per second, it works deep within the pores to loosen dirt and oil.

Developed by the inventor of the Sonicare® toothbrush, the Clarisonic® Skin Care Brush is clinically proven to be more than twice as effective as cleansing by hand. Gentle enough for use twice daily, it prepares the skin for increased product absorption.

In a 2-month, home-use test with 110 subjects, after 4 weeks 81% felt the Clarisonic® cleansed more effectively and reported healthier looking skin; 94% felt their skin was softer and 70% reported pore size decreased.

The brush comes with a hefty price tag of up to \$200. Read more at www.clarisonic.com.

Lumixyl®: The New Hydroquinone?

Melasma (also known as the mask of pregnancy) is associated with overproduction of melanin by the tyrosinase enzyme. A skin brightening peptide (Lumixyl®) was previously shown to competitively inhibit human tyrosinase without the associated toxicity of hydroquinone.

A recent split-face, randomized, double-blind and placebo-controlled pilot study determined the effect of twice-daily topical application of this peptide on moderate, recalcitrant melasma over a 16-week course (*J Drugs Dermatol* 8:732, 2009).

Treatment was well tolerated with no visible signs of irritation or allergy. All 5 participants demonstrated significant improvement in the appearance of melasma and overall facial aesthetics with high patient satisfaction.

This product retails for \$120 per 1 oz pump. Read more at www.lumixylmd.com.

Stay tuned for the March 2010 Newsletter that will be available at www.dr-esche.com