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## dermatology update

by Dr. Debra Price

### **Questions and Answers**

#### **Callous occurrence**

Why do feet get more callouses in the summer?

Callosities develop in areas of repetitive trauma or rubbing. They are seen more commonly in the summer because individuals tend to wear more open shoes without socks, exposing their feet to greater trauma. Callosities can be pared down. Daily application of creams containing urea or salicylic acid can also be helpful. A prescription remedy of Carmol 40 is particularly effective.

#### Skin care during pregnancy If you become pregnant, what kinds of skin care products should you stay away from?

Pregnant patients should not apply creams containing glycolic acid or salicylic acid. All prescription topical treatments should be discontinued unless otherwise recommended by a physician. It is particularly important that pregnant patients use a sunscreen with an SPF of 15 or greater on a daily basis, since pregnancy increases the likelihood of facial hyperpigmentation (melasma).

#### **Facial warts**

I have a client who has what looks like a facial wart. Is it possible to get a wart on your face? How does this happen and how do you get rid of it. Also, should I be doing facials on this client if she has a facial wart? Warts are caused by a virus and it is not uncommon for them to occur on the face. Dermatologists generally treat facial warts with topical immunomodulators such as Aldara, retinoids such as Retin-A and Tazorac, laser (V beam) or light electrodessication. You should not perform a facial on a client with facial warts since you run the risk of spreading the infection. I suggest you refer your client to a dermatologist for evaluation and treatment.

Pal-KTTKS is a pentapeptide that has been shown to increase the synthesis of collagen in the skin. It has not been compared to retinoids but is touted to be less irritating.

#### Are you sure it's rosacea?

I heard a physician say that rosacea is overdiagnosed and patients are not getting the correct treatment for their real condition. How do doctors really know if a condition is rosacea and not something else?

Rosacea can mimic other facial skin conditions such as lupus, seborrhea, acne, photodamaged skin or mite infestation, but most dermatologists are adept at diagnosing and distinguishing these conditions. Patients who suspect they have rosacea should seek consultation with a dermatologists. Rosacea is characterized by a tendency to flush, facial erythema and telangiectasia, papules pustules and sometimes sebaceous hyperplasia of the nose. Unlike acne, it does not demonstrate comedones. Lupus causes a classic butterfly rash without other associated signs. Seborrhea causes a scaling rash in the glabella, eyebrows, nasal alae and sometimes medial cheeks and chest. It is often associated with scaling in the scalp. Photodamaged skin shows telangiectasia and other signs of photoagins such as wrinkles and lentigines. In contrast to rosacea, mite infestation causes small superficial papules that appear assymetrical in clusters. There is a sudden onset of symptoms and no history of flushing or telangiectasia.

#### **Facial cloths**

What is your opinion of facial cleansing cloths?

Daily facial cloths such as Olay daily facial cloths come in different blends for oily, normal and sensitive skin. They contain surfactants combined with petrolatum. When compared to mild cleansers such as Dove soap or Cetaphil, they have been shown to leave the skin smoother and less dry. They are often recommended for cleansing in individuals with rosacea or sensitive skin.

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#### **Topical estrogen**

I have heard that some postmenopausal women are applying vaginal estrogen creams to their face to decrease wrinkling. Is this true ?

Women begin losing collagen at menopause. Some studies have demonstrated improved skin elasticity, hydration and decreased wrinkle depth in individuals who apply topical estrogen creams. There are no formulations specifically for facial skin so patients using topical estrogen apply vaginal creams. Although the amounts absorbed are small when applied topically, there are no long-term studies regarding safety. With the decreased



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use of oral hormone replacement therapy, topically applied estrogen is beginning to receive greater attention. Postmenopausal women considering use of topical estrogen should consult with their dermatologist regarding the potential benefits and risks of treatment.

#### New anti-aging ingredient

*I recently read about a new anti-aging ingredient Pal-KTTKS. What is it and do you recommend it for?* 

Pal-KTTKS is a pentapeptide that has been shown to increase the synthesis of collagen. It has not been compared to retinoids but is touted to be less irritating. It may be a useful addition to our anti-aging armamentarium, especially for individuals with sensitive skin but further studies are needed to determine its true efficacy in comparison to other agents.

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