

les nouvelles *esthétiques*

AMERICAN EDITION

LNE — the magazine for skin care and spa professionals December 2006 \$7.50



medical | dermatology update

Questions and Answers

FDA explores ban

Q: I heard that the FDA is banning skin lightening creams with hydroquinone because it is carcinogenic. Is this true?

A: The FDA is *exploring* banning over-the-counter products containing hydroquinone but a ban has *not* been implemented. The concern regarding carcinogenicity stems from rodent

A: Radiesse is an injectable calcium hydroxylapatite implant. An FDA advisory panel recently recommended its approval for correcting HIV-related lipoatrophy and for filling nasolabial folds. While a formal study to determine the duration of effect after six months has not been performed, physicians who use Radiesse say it can last up to 18 months.

During the winter months, patients should use body washes rather than bar soaps and choose non-lipid cleansers for facial skin if skin is dry.

studies. There is no evidence that hydroquinone is carcinogenic in humans.

The FDA is also concerned about ochronosis, the development of dark pigment in the skin in patients using hydroquinone for prolonged periods of time. While ochronosis is reported with the use of higher-percentage products, it is rare with OTC products containing 2-percent or lower of hydroquinone. If this proposal is passed, the FDA will require that all skin-bleaching products that contain hydroquinone, whether OTC or prescription, have formal safety and efficacy studies.

Radiesse injectables

Q: I've been hearing a lot about Radiesse. What is it and how long does it last?

Nasolabial folds, oral commissures and the chin are the most common areas of injection. There have been problems with nodularity following the injection of Radiesse in the lips, so it is not recommended for this area. A longer-range formal study to determine the duration of effect after six months and effects of repeated injections has been recommended.

Kick that butt

Q: I have a client, 44, who recently was diagnosed with basal cell carcinoma. She says she used to do the baby-oil-sunbathing ritualistically every summer, but has since given up that habit in favor of better skin.

Almost every year she's had another skin cancer lesion to contend with. I am



convinced that because she's a moderate smoker, the cancer lesions are popping up because she can't get rid of all of the free radicals she's created and continues to create with smoking. What can I tell her from a medical standpoint about her skin and smoking to encourage her to want to make a New Year's resolution to "kick the butt"? She's obviously starting to get concerned about her fading beauty because she's in my treatment chair.

A: If your patient is concerned about skin aging you can tell her unequivocally that cigarette smoking not only increases her risk of lung cancer and heart disease but is going to make her look older. Smoking is the second biggest environmental cause of skin damage after sun exposure. Nicotine constricts blood vessels and decreases the flow of oxygen to the skin. Individuals who smoke are more likely to develop peri-oral wrinkles. Additionally, smoking has been associated with an increased risk of the development of squamous cell skin cancer. The risk of skin cancer increases with the increasing number of cigarettes smoked daily and decreases in individuals who stop smoking.

continues

Indoor tanning unequivocally increases one's risk of skin cancer and also accelerates skin aging. It does not promote vitamin D production or possess any skin-friendly benefits.

Additionally, those who have smoked for many years, or smoked heavily at a younger age, show less facial wrinkling and improved skin tone when they quit smoking. Moreover, individuals who smoke are at increased risk for delayed and abnormal healing from laser, peels, dermabrasion and other surgical procedures to treat aged skin and wrinkles. While avoiding sun exposure and smoking will not entirely eradicate the future risk of skin cancer, it will certainly lessen the risk and improve her overall skin appearance.

Mouth woes

Q: My client has some cracks at the corners of her mouth. She says they are not herpes, and that I should just go on with my facial service. While I use gloves, I'm still concerned about getting any product on those cracks. Is it just dry skin or should I steer clear of the area around her mouth?

A: Your client most likely has perleche, an irritant dermatitis associated with moisture in predisposed individuals with wrinkling or folds at the corner of the mouth.

The macerated skin can also become secondarily infected with yeast or bacteria. It is prudent to avoid further potential irritation of this area with masks, creams or peels.

Products for winter skin

Q: Why is it that during the winter, some of my products that are mildly irritating to skin become extremely irritating? What can be done to reduce irritation during the winter?

A: Anything that disrupts the natural barrier of the skin will enhance irritation. During the winter months, patients should use body washes rather than bar soaps and choose non-lipid cleansers for facial skin if skin is dry. Cetaphil, Cerave or Aquanil are excellent facial cleansers and Dove and Olay are excellent body washes. The latter leave a moisturizing, protective film on the skin. Avoidance of exfoliating treatments and alcohol-based toners is also recommended.

Ban the indoor tan

Q: There's so much coming out against tanning beds of late, however, aren't there some good reasons to use the beds, like for disease prevention including warding off osteoporosis and other diseases as well, including certain common cancers?

A: No! Indoor tanning unequivocally increases one's risk of skin cancer. Studies have demonstrated an increased incidence of melanoma, squamous cell carcinoma and basal cell carcinoma in individuals who use tanning parlors.

Indoor tanning also accelerates skin aging. The argument that indoor tanning is beneficial because it produces vitamin D is not valid. While vitamin D is important to lessen the risk of osteoporosis and possibly prostate, breast and colon cancer, it is not necessary or prudent to expose oneself to tanning booths to increase vitamin D. Vitamin D can be provided safely via diet or supplements without the risks associated with ultraviolet exposure. **LNE**

Debra Price, M.D., graduated from New York University School of Medicine and interned at New York University Medical Center. She is a diplomate of the American Board of Dermatology and is an assistant professor at University of Miami's department of dermatology and cutaneous surgery. An author of several scientific papers, Dr. Price is an award-winning dermatologist and past president of the Miami Dermatologic Society, in Florida. She has a private practice in Kendall, FL. To reach her, please call (305) 670-1111.



Want FREE information? Circle #321 on reader service card