



2250 NW Flanders, Suite 205 • Portland, OR 97210

**PORTLAND  
DERMATOLOGY  
CLINIC**  
L.L.P.  
PHYSICIANS AND SURGEONS

**INSIDE...**

*Allergic Contact Dermatitis*  
*A New Face in Skincare*  
*Skin Cancer Facts*  
*Endurance Athletes & Exercisers...Skin Problems*

PLEASE PROMPTLY DELIVER TO:

**DERMATITIS** *continued from front page*

The common cause of allergic reaction to lotions and cosmetics is the fragrance component. The fragrance can be avoided by using fragrance-free types of cosmetics. Other chemicals that people react to in cosmetics are the preservative chemicals which are needed to prevent skin products from spoiling. However, again, patch testing will reveal the culprit causing the allergen in skin care products. If routine patch testing does not identify the specific allergen in a cosmetic the cosmetic components are obtained from the company and tested individually to determine the specific cause. Sometimes a new ingredient or a rarely used

component is causing the allergic reaction. Nickel dermatitis is also a very common problem and most people have reactions to earrings, necklaces, and buttons in jeans. People with nickel allergy should avoid metals with nickel and use for instance nickel-free earrings or coat the earrings or metals with clear nail polish. The eruptions that occur from allergic contact dermatitis can be treated with topical cortisone creams. If the problem is acute, moist compresses for a few days followed by cortisone creams is effective. In severe cases, such as poison oak or generalized contact

dermatitis, oral and injectable corticosteroids are used. Once the acute eruption has cleared up, patch testing to the routine series can be performed. You will be asked to bring in everything you suspect as causing the reaction for inclusion in the routine patch test series. It is usually easy to avoid the allergens once they are identified. **PDC**



# Skin Health

REPORT

PORTLAND DERMATOLOGY CLINIC NEWS • WINTER 2005 • VOLUME 1, ISSUE 3

## ALLERGIC CONTACT DERMATITIS

*by Dr. Walter G. Larsen*

Allergic contact dermatitis is caused by an allergic reaction to substances called allergens that come into contact with your skin. In sensitized people, these contact allergens cause itching, redness, and blisters which is typical of allergic contact dermatitis. The most common cause of allergic contact dermatitis is an allergic reaction to weeds such as poison oak and ivy. The skin gets red, itchy, swollen, and develops tiny blisters. It leaves crust and scales. Typically, the blisters are in a linear distribution which is a result of brushing up against the



leaves. Allergic contact dermatitis must be distinguished from other reactions that can look similar such as atopic dermatitis and shingles, etc.

Many cases of contact dermatitis can be diagnosed by the distribution on the skin and the history of contact with the allergen. Many times, it cannot be identified by history or physical examination, and patch tests must be performed. Patch tests are safe and an easy way to diagnose contact allergies. Patch tests are different from injection or scratch tests that allergists use for inhalant allergens. In patch testing small amounts of common allergens are applied to the skin on the back and left in place for two days, and then removed. The patches are read in the office in three days and at one week. A positive patch test shows up as a small red spot at the site of the patch. The most common allergic reactions are due to plants such as poison oak or ivy followed by nickel, fragrances, rubber, preservatives, and dyes. Neomycin and bacitracin, which are found in Neosporin and similar antibiotic creams, are causing increasing cases of contact dermatitis. . We have stopped using neomycin and bacitracin in the office and have substituted mupirocin (Bactroban, Centany) which is a more effective antibiotic and rarely allergenic.

Skin care products such as lotions, perfumes, and cosmetics may cause allergic contact dermatitis.

*continued back page*

## A NEW FACE IN SKINCARE

*by Dr. Rebecca A. Bremner*

I would like to take this opportunity to introduce myself as the newest member of Portland Dermatology Clinic. I recently finished my dermatology training at Oregon Health and Science University and am delighted now to be working alongside Drs. Larsen, Adler, Resnick and Jetmalani.

I am originally from the Midwest. I grew up among the cornfields and rolling hills of Eastern Iowa and completed my bachelor's degree in History and English among the snowfields at Macalester College in St. Paul, Minnesota. From there I went to Northern Germany where I taught English for a year on a Fulbright scholarship. I eventually made my way to California where I completed my doctorate in medicine at the University of California, Davis in 2001. After finishing my internship in Internal Medicine at Kaiser Permanente in Oakland, California, my family and I moved to Portland for the remainder of my training.

We fell in love with Oregon and Portland almost immediately. We enjoy hiking and camping and have had a lot of fun exploring

*continued page 2*

## SKIN CANCER FACTS

1. More than a million people will be diagnosed with skin cancer this year.
2. More than half of all new cancers are skin cancers.
3. One in 5 Americans will get skin cancer in the course of a lifetime.
4. One person dies every hour from skin cancer, primarily melanoma.
5. Nationally, there are more new cases of skin cancer each year than the combined incidence of cancers of the breast, prostate, lung, and colon.
6. The incidence of melanoma is increasing rapidly in women under the age of 40. It is now the most common cancer in young women aged 25-29, and second only to breast cancer in women aged 30-34.
7. Melanoma kills more young women than any other cancer.
8. In national skin cancer screenings, the majority of screenees found to have melanoma—44%—are white men over age 50.
9. The two groups with the highest skin cancer incidence in national screenings are men over age 50 with a changing mole or fair skin, and men under age 50 with a changing mole or fair skin.
10. The incidence of eye melanomas among white males increased 295 percent between 1973 and 1999.
11. More than 90 percent of all skin cancers are caused by sun exposure, yet fewer than 33 percent of adults, adolescents, and children routinely use sun protection.
12. Melanoma accounts for 3/4 of all deaths from skin cancer, which adds up to over 7900 American lives each year.
13. The risk of developing melanoma, the most dangerous form of skin cancer, has more than doubled in the past decade.
14. One in four persons who develop skin cancer is under the age of 40.
15. Almost 37 percent of white female adolescents and over 11 percent of white male adolescents between 13 and 19 years of age in the U.S. have used tanning booths.
16. The effects of photoaging (skin aging caused by the sun) can be seen as early as in one's 20's.
17. While melanoma is uncommon in African-Americans, Latinos, and Asians, it is most deadly for these populations.
18. Putting proven cancer prevention and early detection techniques into action could eliminate at least 100,000 cancer cases and 60,000 cancer deaths in the U.S. each year.

PDC

## NEW FACE *continued from front page*

the outdoors in and around the city. I also love to run and not long ago joined a Hood to Coast team where I got to have a very up close and personal view of the nearby hills and valleys! My other hobbies are more sedentary and include reading, knitting and spending time with my husband and children.

I am interested in all aspects of skin health and disease, and I enjoy treating people of all ages. I think a large part of my job as an effective

dermatologist is to listen to patients' particular concerns and to address them as best I can. In addition, I think that educating my patients about their particular skin conditions is a vital component of treatment and I always welcome questions.

I look forward to meeting you and to helping Portland Dermatology Clinic continue to provide you the finest of dermatologic care. PDC

## ENDURANCE ATHLETES AND MODERATE EXERCISERS COULD RUN INTO TROUBLE WITH BLISTERS AND OTHER SKIN PROBLEMS

While endurance athletes represent the extreme end of the exercising spectrum, dermatologists are anticipating that the sports-related dermatologic injuries they encounter also will be observed in people who exercise more moderately and those who are just beginning a fitness program. Speaking at the 63rd Annual Meeting of the American Academy of Dermatology, dermatologist Scott B. Phillips, M.D., of Chicago, Ill., discussed why healthy skin is important for athletes.

"Even common problems, such as blisters, can be painful and adversely affect athletic participation and performance," stated Dr. Phillips. "If an athlete is unable to compete at their expected level of training or competition, it also can have psychological effects. Recognition of these conditions is important as they are often preventable or treatable."

Blisters form when movement from athletic activity causes the skin to rub against a toe or other object. Heat, moisture, ill-fitting shoes and excessive or unusual exercises early in training are the most common causes of blisters, which typically occur on the tips of the toes, the balls of the feet and the heels. For this reason, blisters are the most common complaint of marathon runners – with one study reporting an incidence rate of up to 44 percent by Chicago Marathon runners on race day. Another study that evaluated 81,277 entrants in the Twin Cities Marathon over a 12-year period found that skin problems were noted in 21 percent of the runners treated in the finish line medical area.

Dermatologists can treat painful blisters by draining the fluid with a sharp, sterile instrument. To prevent blisters, Dr. Phillips recommends wearing moisture-wicking socks of synthetic materials which are thicker at the toe and heel. "Shoes that fit appropriately are essential in preventing blisters," said Dr. Phillips. "We're finding that using drying powders or antiperspirants, petroleum jelly, or adhesive pads also reduce the incidence of blisters."

For athletes who train or participate in outdoor sports, overexposure to the sun – which can lead

to skin cancer and premature aging – is a serious threat. The American Academy of Dermatology (Academy) recommends that everyone, including athletes, wear a broad-spectrum sunscreen with a sun protection factor (SPF) of 15 or higher, even on cloudy days. Athletes also should reapply sunscreen every two hours, especially during periods of training and competition, such as a marathon or after the swimming leg of a triathlon. In addition to wearing sunscreen, the Academy advises everyone to wear protective clothing and avoid the midday sun from 10 a.m. to 4 p.m., when the sun's rays are the strongest, whenever possible.

Dr. Phillips also noted that athletes are prone to different skin problems, depending on the nature of their sport. For example, runners often experience corns, calluses, chafing and conditions known as "jogger's toe" and "jogger's nipples." Swimmers may find themselves with allergic reactions to the rubber components of earplugs and goggles. Bicyclists, on the other hand, can be plagued by frictional hair loss and acne from wearing helmets, superficial abrasions or "road rash" after a fall, and "saddle sores" from prolonged riding or an ill-fitting seat.

While exercise is beneficial for everyone, it also has been shown to have positive effects for patients with chronic skin disease, such as psoriasis and atopic dermatitis. Along with increases in quality of life measures, the patients who exercised experienced less depression and emotional disturbances.

"Although the benefits of exercise far outweigh any temporary dermatologic conditions that may result, it is important for athletes and their doctors to recognize these potential problems and take the necessary steps to prevent them in the first place," said Dr. Phillips. "Because some skin problems can be symptoms of serious health conditions, people should not take them for granted. See your dermatologist for proper diagnosis and treatment, especially if your skin looks unusual or if problems continue or worsen." PDC

*This article originally appeared on the American Academy of Dermatology website.*