Ben Taub Dermatology

Ben Taub Clinic
- 2nd floor, clinic window 4
- All days except Tuesday
- Arrive at 9:00am on Monday morning and 12:00 noon on Wednesday-Friday
- Begin set up for clinic and see patients

Clinic
- Baylor Medical Office Building, Dermatology Suite 6th floor
- All days except Monday and Thursday
- Arrive at 9:00 am, leave with enough time to get lunch and get to Ben Taub Clinic at 12:00 pm

Lecture schedule
- This varies from month to month so please refer to monthly calendar
- Most lectures are held at the Baylor Medical building on the 4th floor
- Some Mondays the lecture is at TCH CCC 8th floor conference room
- The Friday Dermpath lecture is at “main” Baylor Cullen 213B

Grand Rounds
- VA hospital
  - Thursday morning
    - Arrive between 8:00 am and 8:15 am
    - Patient viewing until 9:00 am
    - Case discussion from 9:00 – 10:00 am

Attire
- wear scrubs on days that we do not have grand rounds and if you are not going to Baylor Clinic; otherwise, must wear work clothes
  - please be well-kempt, well-groomed, with good personal hygiene

Expectations
- This is a rotation where you can see a lot and learn a lot. You will get as much out of it as you put into it. Please be on time, show interest, be helpful and you will do well on this rotation. Please ask questions – that gives us more opportunities to teach you. Also, please be respectful to our patients.

<table>
<thead>
<tr>
<th>Shave Biopsy</th>
<th>Punch Biopsy</th>
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<tbody>
<tr>
<td>- alcohol swab</td>
<td>- alcohol swab</td>
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<tr>
<td>- lidocaine</td>
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<td>- 4x4 gauze</td>
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<td>- blade</td>
<td>- 4mm punch</td>
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<td>- specimen container</td>
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<td>- hyfrecator tip</td>
<td>- forceps</td>
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</table>
- vaseline/abx ointment
- scissors
- needle driver
- suture (4-0 ethilon; 4-0 prolene)
- vaseline/abx ointment
- band-aid

Forms
1) Signed Consent Form
   - Risks: pain, bleeding, infection, scar, recurrence, need for additional procedures
2) Time-Out
3) Pathology Form

Stickers
1) Place pre-printed stickers on all pages of all forms
2) Sticker on specimen container should have the resident’s initials, date and location (ie. Right cheek, left shoulder)
3) Sticker for Pathology Log should have resident’s initials, date, patient’s phone number and location that matches the one on the specimen container. (Ask pt for best phone number at which to be reached. DO NOT get from computer as this may be out dated.) Also should include what action was taken (punch bx vs. shave bx vs. labs to follow-up) and what the plan is if it is positive (e.g. referral to plastics if positive)
   - The Pathology log has 2 columns:
     1. Sticker as above
     2. Result/Action taken (leave blank) – we fill this in later

*For multiple biopsies on the same patient, letter the stickers on the specimen containers as A, B, C….Only one of each form is needed. The lettered locations should match on all forms and the Sticker for the path log.
*The biopsy trays are the same (can use the same blade, same punch). Add extra specimen containers and band aids.

Notes
- For most patients, a simple SOAP note is all that is needed
  Example:

  CC: bump on right cheek
  HPI: 53 yo WM with no personal or family h/o skin cancer here for skin check. Noted growing bump on right cheek x 2 months. No bleeding, pain, itching.

  ROS: no fever, chills (at least 2 items)

  PE:
  WDWN, NAD
  UBSE (TBSE declined)
- For the exam, be descriptive (location, size, color, etc)
  Example: 1. Right cheek with 5 mm pink papule
  2. Bilateral forearms with multiple brown stuck-on papules
  3. Scalp, trunk and extremities with multiple large eryth scaly plaques
- Number the items in the Exam and match the number to those in the A/P
  Example: 1. r/o BCC – shave biopsy after RBECO; Plastics if +
  2. SKs – reassurance given
  3. Psoriasis – Severe. Rx……SEEA.

RTC 3 months

Seen with [Medical Student], MS3

Common Abbreviations
- NMSC: non-melanoma skin cancer
- RBECO: risks benefits explained, consent obtained
- SEEA: side effect explained, accepted
- FBSE: full body skin exam
- TBSE: total body skin exam
- UBSE: upper body skin exam
- F/G/A: face, groin, axilla
Rashes & Infections

Acne

**Description and Symptoms**
Comedones and inflammatory papules common in teenagers and young adults. Mostly distributed on the face, chest and back.

**Diagnosis**
Clinical appearance.

**Pathology**
Obstructed hair follicle leading to inflammation. Many underlying factors: *Propionobacter acnes* infection, hormones, follicular cornification, sebum production.

**Principles of Therapy**
A plethora of agents available. Common topicals include benzoyl peroxide, antibiotics and retinoids. Systemic antibiotics (especially tetracycline derivatives) for more severe acne. Isotretinoin (Accutane™) is an excellent option for recalcitrant acne. **VA formulary:** Benzoyl Peroxide, Clindamycin, Retin A

Alopecia Areata

**Description and Symptoms**
Patchy, non-scarring hair loss in normal looking skin. Most patients have small, localized patches. Some have widespread involvement. Can be associated with hypothyroidism.

**Diagnosis**
Clinical appearance. Biopsy confirmatory.

**Pathology**
Lymphocytic attack on the hair follicle (“swarm of bee’s” appearance on path) of unknown etiology.

**Principles of Therapy**
Topical or intralesional steroids are first line treatments.

Atopic Dermatitis (Eczema)

**Description and Symptoms**
Common itchy eruption (10% of children), especially those with an atopic diathesis (seasonal allergies, asthma). Involvement can be mild to severe. Associated increased risk of skin infection. No cure available, though decreased severity with age.

**Diagnosis**
Acute eczema consists of red plaques. Chronically inflamed skin has more prominent skin markings and scale. It is very unusual for eczema to affect the axilla or groin. No diagnostic test available.

**Pathology**
Unknown.

**Principles of Therapy**
Daily moisturizer. PRN topical steroids, antihistamines and antibiotics. Non-steroidal for f/g/a - topical tacrolimus. **Clobetasol (strong), Triamcinolone (mod.), Hydrocortisone (mild).**

Candidiasis

**Description and Symptoms**
Often seen either as white cheesy plaques in the mucosa or red papules and pustules in the inguinal region.

**Diagnosis**
Clinical. Skin scraping will demonstrate psuedohyphae.

**Pathology**
Infection with *Candida Albicans* (usually)

**Principles of Therapy**
Nystatin cream or Azole based antifungal medications. It is helpful to minimize precipitating factors (uncontrolled diabetes, antibiotic therapy, moist environment). *Clotrimazole*, *Ketoconazole*

**Contact Dermatitis**

**Description and Symptoms**
Itchy red plaques often in a line or geometric distribution depending on the type of offending substance. Acutely, the skin may have vesicles or blisters. Chronically, there may be thickened skin (lichenification) and scale. 2 types: allergic and irritant. Most common causes of allergic contact dermatitis include poison ivy and nickel. Irritant contact dermatitis is often seen on the hands due to over hand-washing.

**Diagnosis**
Careful history picks up obvious exposures. Patch testing for difficult to diagnose allergic causes.

**Pathology**
Inflammation in the skin due to an irritating environment or contact with an allergen.

**Principles of therapy**
Avoid precipitating factors. Topical [clobetasol (strong), triamcinolone (mod.), hydrocortisone (mild)], or systemic steroids (prednisone).

**Folliculitis / Furuncle / Carbuncle**

**Description and Symptoms**
Folliculitis presents as one or many red papules (and pustules) originating from a hair follicles. Larger, tender nodules are termed furuncles. Multiple follicles may be involved (carbuncle).

**Diagnosis**
Clinical suspicion. Bacterial culture of the exudates may be helpful.

**Pathology**
Infection, usually by *Staph aureus*, of a hair follicle.

**Principles of Therapy**
Antibacterial soap, antibiotics topical (mupirocin, clindamycin) or systemic (clindamycin, doxycycline, cephalexin). PRN I&D. Warm compresses.

**Herpes Simplex**

**Description and Symptoms**
Recurrent self-limited tender vesicular eruption most often found on the lips and genitalia. Prior to the recurrence, a tingling or burning sensation is usually felt.

**Diagnosis**
Appropriate history and clinical appearance. Culture or PCR may be used.

**Pathology**
Herpes Simplex Virus 1 - mostly oral.
Herpes Simplex Virus 2 - mostly genital.

**Principles of Therapy**
Antivirals (famcyclovir, acyclovir, valacyclovir) taken at the first sign of recurrence may abort or shorten an episode.

**Impetigo**

**Description and Symptoms**
Red papules and plaques that form superficial vesicles leading to a characteristic “honey colored” or “golden” crust. The lesions are often asymptomatic, but may be pruritic.

**Diagnosis**
Clinical suspicion. Bacterial culture can be helpful

**Pathology**
Superficial infection of the skin with *Strep. Pyogenes* or *Staph. aureus*. Often occurs after minor skin trauma.

**Principles of Therapy**
Topical mupirocin or systemic antibiotics (doxycycline, clindamycin, cephalexin).
Lentigo

Description and Symptoms
Brown well demarcated macules in areas of chronic sun damage (often the face, neck, upper chest, forearms and hands). Commonly referred to as “liver spots” or “age spots”.

Diagnosis
Clinical. Biopsy is occasionally needed to exclude skin cancer.

Pathology
Increased pigmentation & number of melanocytes in the epidermis. Unlike nevi, no nests are seen.

Principles of Therapy
No treatment needed unless for cosmetic purposes. Laser or LN2 may be used.

Leukocytoclastic vasculitis (palpable purpura)

Description and Symptoms
Purpuric papules most often on the lower extremities usually lasting several weeks. Commonly associated with fever, arthralgias and other systemic symptoms including renal involvement. May be idiopathic or associated with a variety of triggering factors (medications, infections, connective tissue disorders).

Diagnosis
Clinical suspicion confirmed by biopsy.

Pathology
Immune complex deposition in the cutaneous vessels leading to vascular destruction and extravasation of RBC’s.

Principles of Therapy
If possible, treatment of the precipitating event or disorder. A variety of medications can be helpful: NSAIDS, Dapsone, Colchicine or Prednisone.

Lichen Planus (L.P.)

Description and Symptoms
Chronic eruption that affect the mucous membranes, skin and nails. The buccal mucosa often has a lacy white appearance. The skin has itchy reddish-purple flat topped papules with an overlying fine white lacy scale (Wickham’s striae) most commonly seen on the wrists, genitalia and ankles. The nails may be normal, but may be severely dystrophic.

Diagnosis
Clinical suspicion confirmed by biopsy.

Pathology
Unknown. Some drug eruptions can mimic rash. In addition, some studies indicate an association between L.P. and Hepatitis C.

Principles of Therapy
Topical steroids [Clobetasol (strong), Triamcinolone (mod.), Hydrocortisone (mild)] and antihistamines. Drug history and Hepatitis screen may be helpful.

Pityriasis Rosea (P.R.)

Description and Symptoms
Transient eruption that tends to occur on the trunk of young adults. The first sign is usually a large red scaly plaque (Herald patch), followed later by smaller oval scaly plaques. The eruption lasts 3-8 weeks.

Diagnosis
Clinical, however may be mimicked by syphilis (check RPR).

Pathology
Unknown etiology.

Principles of Therapy
No therapy needed. If symptomatic, topical steroids or UV light may be helpful.

Porphyria Cutanea Tarda (P.C.T.)

Description and Symptoms
Photodistributed blisters, crusts and erosions that lead to scars and pigmentary changes. May be associated with milia, hypertrichosis and sclerodermoid changes.

**Diagnosis**
Clinical suspicion confirmed by urine or serum porphyrins.

**Pathology**
May be associated with viral hepatitis, hormonal therapies, hemodialysis or alcohol intake.

**Principles of Therapy**
Complete sun protection extremely important. Treatment of underlying disorder. Phlebotomy and low-dose antimalarials (hydroxychloroquine) are treatment options.

### Psoriasis

**Description and Symptoms**
Scaly, red plaques that tend to affect the knees, elbows, scalp and sacrum. Most patients have a few small asymptomatic plaques, however some have widespread lesions &/or pruritus. 1% incidence. Possible autosomal dominant inheritance with variable penetrance.

**Diagnosis**
Clinical appearance, though may confirm with a biopsy.

**Pathology**
An inflammatory reaction in the skin altered by environmental and genetic factors.

**Principles of Therapy**
Aggressiveness of therapy must be tailored to clinical situation. Many options available: **topical** (steroids, calcipotriene, retinoids), **ultraviolet light** (A&B), and **systemic** (methotrexate, retinoids, cyclosporine, TNF-alpha inhibitors).

### Rosacea

**Description and Symptoms**
Facial acne like pimples along with redness, telangiectases and flushing in adults. Usually asymptomatic, though eye involvement may be irritating. Key diagnostic feature is the lack of comedones.

**Diagnosis**
Clinical.

**Pathology**
Unknown cause, but higher predisposition in fair skinned female patients. Very common.

**Principles of Therapy**
Avoid triggers (stress, heat, alcohol). **Metronidazole gel** or the **tetracycline class of antibiotics**.

### Stasis Dermatitis

**Description and Symptoms**
Eczematous plaques on the bilateral lower legs/ankles accompanied by purple, hyperpigmented edematous skin. The skin may be itchy. Involved skin may easily ulcerate, heal slowly and become superinfected.

**Diagnosis**
Clinical history and appearance.

**Pathology**
Poor venous return leading to chronic edema & stasis changes.

**Principles of Therapy**
It is important to minimize leg swelling by combining leg elevation, compression and perhaps medication (diuretics if needed). The eczematous plaques may be treated with moderate potency topical steroids (**triamcinolone**). Ulcers need good wound care and careful antibiotic therapy when infected. Unfortunately, this tends to be a chronic problem without cure.

### Tinea Corporis/Capitis/Cruris/Pedis

**Description and Symptoms**
Red scaly plaques that may be asymptomatic or itchy. Frequent cause of hair loss on the scalp. On the body, the lesions often have an annular (ring-shaped) appearance. On the feet, often seen between the toes and along the plantar portion of the foot. Commonly referred to by patients as **athlete’s foot, jungle rot, ringworm or jock-itch**.
Diagnosis
Clinical. Skin scraping with KOH will demonstrate hyphae
Pathology
Caused by a variety of dermatophyte fungi.
Principles of Therapy
Topical or systemic antifungal medications. **Naftin, Ketoconazole, terbinafine, butenafine**

**Tinea Versicolor**

**Description and Symptoms**
Scaly thin plaques mostly on the trunk and proximal extremities. The lesions can be darker or lighter than the surrounding skin, hence “versicolor”. Often asymptomatic.

**Diagnosis**
Clinical. Skin scraping with KOH will demonstrate “spaghetti & meatball” appearance of short hyphae and spores.

**Pathology**
Caused by *Malassezia Furfur* (*P. Ovale*)

**Principles of Therapy**
Topical or PO antifungals. **Keto/fluconazole (PO or cream) and Selenium/keto shampoo.**

**Varicella Zoster Virus**

**Description and Symptoms**
Initial airborne infection leads to the common childhood exanthem chickenpox (self-limited diffuse pruritic vesicular eruption). Recurrence later in life as vesicular plaques in a dermatomal distribution is termed zoster (shingles).

**Diagnosis**
Appropriate history and clinical appearance. Culture or PCR may be used.

**Pathology**
Varicella Zoster Virus infection

**Principles of Therapy**
Isolation from unexposed or immunocompromised adults (including pregnancy). Antiviral and symptomatic therapy. Encephalitis or pneumonia may be rare but dangerous complications. **Valtrex or Acyclovir.**

**Verruca (Warts)**

**Description and Symptoms**
Warts can occur on any skin surface included the oral mucosa. In the genital region they are termed condyloma and may be sexually transmitted. Usually asymptomatic, larger lesions may become tender with trauma or pressure.

**Diagnosis**
Clinical. Biopsy can confirm.

**Pathology**
Human papilloma virus infection.

**Principles of Therapy**
**Salicylic acid, liquid nitrogen**, cantharidin, **imiquimod (Aldara)**, laser and surgery all can be used to treat warts depending on location and patient preference. No treatment yet can prevent recurrence. Gardasil vaccine (HPV 16,18, 6, 11) Female partners of men with condyloma should have routine pap smears (certain HPV types lead to cervical cancer).

**Urticaria (hives)**

**Description and Symptoms**
Transient itchy non-scaly red plaques each present less than 24 hours. Divided into acute and chronic if present less or more than 6 weeks duration. Rarely associated with angioedema, which can be fatal.

**Diagnosis**
Clinical diagnosis.

**Pathology**
Either idiopathic or triggered by exposure to a causative factor. Common causes include medications, food (shellfish, nuts, etc), pressure, temperature, infection, and bee stings.
Principles of Therapy
Discover offending agent and avoid exposure. Antihistamines are the mainstay of therapy. Cetirizine (Zyrtec), Hydroxyzine (Atarax) & Zantac (H1 and H2 blocker).

Tumors & Hamartomas

Achrochordon (Skin Tags)

Description and Symptoms
Pedunculated flesh colored papules often found on the eyelids, neck and axilla.

Diagnosis
Clinical

Pathology
Normal skin

Principles of Therapy
No treatment needed unless for irritation or cosmetic reasons. Electrocautery, scissor excision or LN2.

Actinic Keratosis (A.K.)

Description and Symptoms
Thin rough scaly plaques that are more easily felt than seen. Mostly seen in a photodistribution in a setting of sun damaged skin.

Diagnosis
Clinical. Biopsy can confirm.

Pathology
A very small percentage of these sun-induced lesions will degenerate into squamous cell carcinoma.

Principles of Therapy
Frequently treated during routine skin checks in sun damaged patients. Treatments include liquid nitrogen and topical products (5-fluouracil and diclofenac).

Angiomas (Cherry angiomas)

Description and Symptoms
Small red or purple papules commonly found in Caucasian patients. More frequent with age.

Diagnosis
Clinical. Biopsy is almost never needed.

Pathology
Composed of blood vessels.

Principles of therapy
Reassurance. If treatment desired for cosmetic appearance, irritation or bleeding - electrocautery or laser therapy works well.

Basal Cell Carcinoma (BCC)

Description and Symptoms
Pearly pink cancerous plaque with telangiectases on sun damaged skin. Prone to bleeding and ulceration. Almost zero risk of metastasis. Most common malignancy.

Diagnosis
Clinical confirmed by biopsy.

Pathology
Sun damage induced skin cancer.

Principles of Therapy
Removal necessary via excisional surgery, Mohs surgery, desiccation and curettage, topical medications (imiquimod, 5-fluourouracil, ingenol, PDT). F/u skin checks needed as patient at higher risk for other skin cancers.
Cutaneous T-Cell Lymphoma (CTCL, Mycosis Fungoides)

Description and Symptoms
Malignant patches progressing to plaques, tumors and ulcers on the skin. Usually very slow course and delayed diagnosis (6-8 years after onset). Sezary syndrome is more aggressive and manifested by diffuse erythema.

Diagnosis
High index of clinical suspicion. Many biopsies often needed. 5-7 year delay from onset to diagnosis is typical.

Pathology
Epidermal attack by malignant T cell clones.

Principles of Therapy
Skin involvement often treated with topical steroids, PUVA, Nitrogen Mustard &/or Retinoids.

Dermatosis Papulosa Nigra (D.P.N.)

Description and Symptoms
Dark papules mainly on the cheeks on patients with dark skin. The actor, Morgan Freeman has many.

Diagnosis
Clinical.

Pathology
Resembles a seborrheic keratosis.

Principles of Therapy
Reassurance. If bothersome for cosmetic reasons, curettage or light electrocautery can be helpful. Be very careful with the use of LN2 on dark skin as hypopigmentation is common.

Epidermoid Cyst (Epidermal inclusion cyst, infundibular type)

Description and Symptoms
Small to large subcutaneous nodules with an overlying plugged follicular opening (punctum) almost anywhere on the body. Occasionally inflamed due to traumatic rupture of the cyst sac or superinfection.

Diagnosis
Clinical diagnosis

Pathology
Blocked follicular opening leading to accumulation of degenerated hair in the follicle (like a balloon)

Principles of Therapy
No therapy indicated unless for cosmetically bothersome or symptomatic (repeatedly inflamed/tender). Surgical removal is the only option.

Keloid

Description and Symptoms
Firm protuberant scar that extends beyond the boundary of the injury. Keloids can be itchy or painful and often occur in certain locations (chest & shoulders) and racial groups (black, Hispanic, asian, etc).

Diagnosis
Diagnosis is clinical and usually not difficult.

Pathology
Altered wound healing and collagen synthesis.

Principles of Therapy
May be difficult as keloids tend to recur. Occlusive dressing, intralesional steroids and pulsed dye laser, excision are treatment options.

Melanoma

Description and Symptoms
Dangerous skin cancer that often appears as an irregular changing mole. Warning signs: A (asymmetry), B (jagged border), C (multiple colors) and D (diameter > 6mm E. (evolution)

Diagnosis
Clinical confirmed by biopsy.
Pathology
Risk factors include many unusual moles, positive family history, sunburns as a child.

Principles of Therapy
Sun protection starting early in life. Self monitoring of moles and periodic skin checks by a dermatologist. Prognosis with surgical excision excellent if caught early. Advanced (deep) melanoma that has metastasized responds poorly to treatment.

Nevi (Moles)

Description and Symptoms
Common skin colored to brown macules and papules anywhere on the body. If present as an infant they are called congenital nevi. Nevi with irregular pigmentation, jagged border, asymmetry and/or large diameter are often biopsied to rule out melanoma.

Diagnosis
Clinical. Confirmed by biopsy if needed.

Pathology
Nests (groups) of melanocytes in the epidermis and/or upper dermis.

Principles of Therapy
Patients should be advised on sun protection and to report moles that change or develop atypical features. Some are removed for cosmetic reasons.

Seborrheic Keratosis (S.K.)

Description and Symptoms
Tan to brown scaly plaques that have a “stuck-on” appearance. Often occurs more with age.

Diagnosis
Clinical. Biopsy can confirm.

Pathology
Unknown etiology.

Principles of Therapy
If irritated or cosmetically bothersome, these can be removed with liquid nitrogen or curettage.

Squamous Cell Carcinoma (SCC)

Description and Symptoms
Crusted, keratotic or ulcerated tumors. Although most are low grade malignancies, some areas carry a higher risk (lip, mucosa, ears and mid face) of metastasis.

Diagnosis
Clinical confirmed by biopsy.

Pathology
Tumors induced by either sun damage, arsenic exposure or chronic wounds.

Principles of Therapy
Surgical excision, Mohs surgery or radiation therapy.

Treatments

Antimicrobials - A variety of antibiotics, antifungals and antiviral medication can be used to treat skin infections. There is an increasing problem with drug resistance, especially with antibiotics. An abnormal skin barrier becomes more susceptible to infection, one reason eczema flares, may also improve with antibiotic therapy to treat super-infection.

Antineoplastic agents - Topical 5-fluourouracil is used for many AKs over large areas. Imiquimod cream may be used for warts, BCC, SCC and others. Ingenol – for AKs. Injectable bleomycin for recalcitrant warts. Oral methotrexate can help treat severe psoriasis.

Cryotherapy – Application of Liquid Nitrogen can destructively freeze lesions. Side effects include: pain & discoloration.

Electrodesiccation and Curettage – A curette is used to “scoop out” the soft cancerous tissue (usually BCC) and the base of the lesion is treated with electrocautery. Cure rates in appropriate tumors approaches 95%.
**Keratolytics**- Urea, lactic acid and salicylic acids are all products that dissolve thick or extensive excessive scale.

**Lasers** – Concentrated monochromatic focused beams of light can selectively destroy targets in the skin. A variety are available with different wavelengths, energy levels and pulse duration settings.

**Moisturizers**- In many skin disorders, such as Atopic Dermatitis, it is very important to lubricate the skin. Dry skin diminishes the barrier function and can be very itchy. In general ointments are better emollients than creams which in turn are better than lotions. Equally important is the use of a gentle soap and short lukewarm showers or baths.

**Retinoids**- Often used for acne, psoriasis and other skin disorders. Topical formulations are safe, but may cause skin irritation. Systemic retinoids are more effective, however carry potential for serious side effects including: high triglycerides, teratogenicity, possible psychiatric alterations, IBD and liver toxicity.

**Steroids** - Topical and systemic steroids are excellent anti-inflammatory agents and can be used to treat a wide variety of inflammatory skin conditions from eczema to lupus. Topical steroids are categorized 1 – 7 (1 being the strongest). Steroid side effects include: acne, atrophic skin, striae and increased susceptibility to infection.

**Sunscreen**- Suncreen & sunblock forms a topical defense from UVA and UVB light, which over years may lead to wrinkles, pigmenry changes and skin cancer. An SPF (sun protection factor) of 15 indicates the ability to stay out 15 times longer with protection than without to achieve the same level of sun damage from UVB.

**Surgery**- Excisional surgery is still the gold standard for removal of many skin lesions, especially skin cancer. Mohs surgery is a specialized surgical technique using microscopic inspection of 100% of the surgical margin, thereby eliminating the need to take wide margins. Mohs is often used for facial skin cancers (high cure rate & tissue sparing).

**UV Light** – Light in the ultraviolet part of the spectrum can improve a variety of inflammatory and itchy skin disorders such as psoriasis and atopic dermatitis. PUVA (Psoralen pill given prior to UVA treatment has more side effects (higher risk of skin cancer, burn and photosensitivity). Narrowband UVB can be helpful.