It's your body's biggest organ. Welcome to SBH Bronx Health Talk produced by SBH Health System and broadcast from the beautiful studios at St. Barnabas Hospital in the Bronx. I'm Steven Clark. The skin is the body's biggest organ and there are a lot of things that can go wrong with it. With us today to discuss various skin conditions is Dr. Charles Gropper, Director of Dermatology at SBH Health System. Welcome Dr. Gropper.

Thank you.

I know we spoke recently about skin conditions like atopic, dermatitis, and eczema, for an article in the upcoming SBH physician magazine and you mentioned how diagnosing a skin condition comes down to really playing Sherlock Holmes in many cases. Why don't you start out by telling us about the patient who came to see you complaining of a rash around her mouth that started shortly after Christmas. I thought that was an interesting story.

Yeah thank you for asking about that patient because it was a- it was a very satisfying case in terms of being able to figure out what was going on which in medicine sometimes we're more successful with- with than other times. In this particular case this was around the holiday season, so everybody is fairly cheerful mood for the most part, and a woman came in and said she had a very itchy rash around her mouth. And when things are itchy, and red, and scaly, in general terms, we put that to a category called eczema which you generally red and scaly things

an eczema can be just related to dryness, it can be related to irritating substances on the skin, it could be related to people who have a so-called atopic background meaning things like asthma, or seasonal allergies, but it also can be an allergy. So this- we looked at this rash and the woman had a little history of uh- well let me jump ahead to what we did. We said well let's be you know we-we went ahead and did allergy testing. We did get a little more history first but I'll come back to that. And it showed two interesting things. It showed she was allergic to- and the kind of testing we do in dermatology is a little different than what the allergist does allergies new allergist usually do a kind of testing called type 1 immunity or IGE mediated immunity which are looking for internal food- internal allergies to things like let's say food, or pollen, or dust. In dermatology, we more often work with what's called contact dermatitis meaning people developing eczema like rashes on the skin as a reaction to things that touch the skin and we thought about that in this case because it was kind of very well demarcated almost like a straight line, almost like something had touched her which was allergic to. So we did allergy testing and it showed two positives it showed positive to epoxy, components found in scotch tape, and it showed also allergy to over-the-counter Bacitracin ointment which a lot of people use. So what the woman had said again, history, was she got this rash it was holiday time was it she- she used some Bacitracin she had at home and as he spoke to more we realized what had happened. This is what I came to called gift-wrap dermatitis. She was making- preparing holiday gifts and as people often will do, cutting the tape scotch tape with her mouth by chewing on it not

unusual and she chewed on it and as she did that she was giving herself a reaction on the face and then she got it she and as many people do when they get an itch itchy rash at home that grab put something in the medicine cabinet and she grab Bacitracin and she was allergic to that. So this test showed that she was allergic to two things were involved in this gift wrapping process and the rash got much better by using some topical medications and also avoiding these substances.

I know one of the- sort of the tools in your tool bag is what you call patch testing. Why don't you explain that?

Yeah so that's what I was just referring to as allergy testing. Again I mentioned what the allergist does which is usually a blood test or a pin and prick test Type I immunity. We do in dermatology is called patch testing and what patch testing consists of is putting allergens potential allergens on the skin usually on the back in an orderly arrangement, they're arrayed. In our case we use the North American Comprehensive Series that would get from Dormer Labs which is considered I think the best in North America, comes from Canada. And we have 80 allergens and what's called the North American Comprehensive Series this series of allergens is a group of allergens which is updated every year or two by an international panel of experts to try to have within it, the most likely things that people are going to be allergic to. We put on these eight patches. Each patch is ten possible allergens things on them and we leave it on for two days.

Contact dermatitis on the skin is something called delayed hypersensitivity so for example similar to poison ivy. If you go to the park on a Sunday, usually you don't break out a few hours later; usually break out one or two days later. So in the same way for testing for it we put the patches on them day one and then we see people back after 48 hours and then if they're able will actually like to see them back several more times but we're looking for reactions and then if there's a particular one that's positive we can print out what- what is positive; what they need to avoid.

And this can be an allergic reaction to anything in the environment, something you eat, something that rubs against you right?

Well, not so much what you eat.

Okay.

Again they're the-the internal allergens tend to be more the world of the allergist, we're the world where people get hives. Hives are swellings of the skin, very common, and you know it's a hive if it moves around over 24 hours. If somebody says- comes in and says, "I have a high through last week," it's made- it's probably something else and that would be more typical for food. Let's say they're allergic to shellfish, lead that- most likely get hives, swelling of the skin, swelling of the lips, which can be dangerous especially it interferes with breathing. We're dealing here in the world of eczema so it's usually a

persistent, red, scaly kind of rash.

Now is that one of the first things you do, patch testing? When it's not obvious?

Oh yeah. I mean, the two of the-the main things we would do. One would be to do a skin biopsy, to get a better sense if we're dealing with eczema versus some other condition like psoriasis or something else- or an infection like a fungal infection. But if the history fits eczema and at times confirmed by biopsy, then we proceed to doing patch testing to try to delineate it for particular things that the person needs to avoid being in contact with.

Now there are certain things that are somewhat likely in a place like the Bronx that you see over and over again correct? I know there's a large rate of asthma here and that also can impact on one skin correct?

Right and just in general, we mentioned eczema. So in our community we have a great many people with asthma, and asthma is one of the so called atopic conditions. Atopic in general terms means referring to a group of conditions like asthma, hay fever, seasonal allergies, which leave people in a state of-there's being hypersensitive. And one of the kinds of reactions it can get or is eczema, and eczema are red, scaly, very itchy spots we call papules or plaques meaning bumps or bigger spots, various parts of the body. Typical areas especially in younger people are the folds of the skin and called the antecubital fossa, the

folds of the arms, popliteal fossa, behind the knees. But it can be various areas of the body and that's eczema, or atopic eczema. It's very common in our community.

Is there a time when you should say, "You know what? I don't want to deal with this anymore. I should go see a dermatologist,"? Is there a point in time where it's time to see the doctor?

Well, that's always a tricky question you know. When- when do you need to go see the doctor? Um, you know I guess for any medical condition you need to see a professional if it's- if it's impacting your health or your life in a way that's significant and which is preventing you from functioning. So for example, people especially kids with eczema often, they talk about eczema not being a condition or disease just of the child but of the whole family. It has a great impact on the parents, the family, the siblings. Because if you have really bad eczema, you're going to sleep poorly, it may affect schoolwork. So you know, if something's not getting better, it makes sense to show a dermatologist if it's possible you know, to make sure it's a correct diagnosis and because we do very good treatments now which it's a shame that people suffer when they don't need to.

There are some new treatments out there right?

Yeah one of the one of the main treatments in eczema, eczema for decades was treated primarily with topical steroid medicines, a few

other topical anti-inflammatory medicines that weren't particularly potent. In some cases things like light treatments, some systemic medications, which could be effective things like methotrexate or cyclosporine but carried significant side-effects requires a significant monitoring. There's been a revolution in just the last few years, so-called biologic revolution, not just in eczema, a number of conditions like psoriasis and other systemic conditions like inflammatory bowel disease, arthritis, in which there are new injectable medications that are highly potent and highly focused. One of the new ones is dupilumab, a brand name Dupixent, which is a highly effective medication for eczema. I think I'd mentioned you previously a young man, seventeen, came with his mother, has been struggling terribly with eczema entire life since he's an infant. We gave Dupixent and within a few weeks, he was so dramatically better they- they came back, the mother and child were literally crying out of gratitude. For the first time in their life being really significantly better and- and essentially free of eczema and this was- and also Dupixent has been a very safe medicine. One of the minor side effects has been dry eyes or conjunctivitis but mostly it's- it's been very safe, had very few infections, very few side effects. So it's really quite a miracle drug and there are a bunch of other medications in development for eczema.

Are there certain things for- for common skin conditions that you can do as far as washing or you know, environmental protections that make sense? That you can do at home basically to minimize a skin condition like eczema?

Well a big part of treating eczema is skin care. And a website we often will refer people to is the National Eczema Foundation, has very good website-based information for parents, for patients, about how to take care of skin. A big part of eczema treatment has always been to try to repair the skin barrier by using things like moisturizer, avoiding washing, avoiding scratching.

Now again in talking about skin conditions, we can't ignore skin cancer obviously especially during the summer. What are some of your tips as far as preventing or reducing the likelihood of skin cancer?

Well we know we know that most skin cancers are related to exposure to UV radiation, to sunlight, over time. And people with skin cancer often say "Oh but I never go in the Sun." But often it's cumulative exposure, cumulative damage, to the skin related to UV exposure over decades. So it may be from, you know, I used to be the VA hospital for many years and you would see people who were in their 50s who had had great sun exposure let's say in the South Pacific in their 20s and- and it's very damaged skin. So one issue is, you know, really to realize that light sunlight is a concern. I recommend to use sunblock every day, avoid sunbathing, avoid sun tanning, try to avoid the middle of the day and so that those are preventative things. The things you want to look out for with skin cancer I would say to people just in general terms, you want to look out for things that are not healing, bleeding, very black changing suddenly, those are all warning signs. And for

those who are interested in learning more about this topic I would recommend the Skin Cancer Foundation, the website, has excellent information and pictures for general population about what skin cancer is and- and what steps can be taken to decrease the chances of developing sun damage and skin cancer.

Are there more- are there certain people who are more susceptible to skin cancer?

Well in general terms the fairer your skin, the less melanin it has, the less natural protection has from the Sun. However skin cancer can occur in any skin type. And you know from the lightest to the darkest skin types and so it's something at least to be aware of but in general terms, the fairer of the skin, the fairer of the eyes, the greater the risk of sun damage and development of skin cancers.

Do you recommend that people have body checks on an ongoing basis to particular event the likelihood of skin cancer?

It's a general health recommendation to have a full-body exam by dermatologists once a year if possible.

Over certain age or any age?

I would say anybody, you know, over adult you know, as an adult. It would- should be more so if you have a history of a family or personal

history of skin cancer.

And there different types of skin cancer right?

Right. Just in-in general terms the three most common kinds of skin cancer are in order of decreasing could have-how often they occur but also increasing severity in some ways. The most common is Basal Cell Carcinoma, typically a shiny, pearly, bleeding non-healing spot. Basal Cell Carcinoma is pretty common. Most of the time, if treated, it does not spread though there are cases where it does so it's important to treat, it can be disfiguring, and if it does spread, it to be very aggressive. But that's you know the most common kind. Squamous cell carcinoma which is typically appears as a non-healing, crusted, red spot though it can look a few different ways, but again something changing, not healing. And then most serious is melanoma which is usually, though not always, a very dark colored spot, especially dark brown or black with changing variable colors and shape and changing rapidly and that's the most serious and the one that, of all is it has the hard- highest potential to spread and become fatal if not caught early.

And it can occur anywhere on your body right?

It can occur anywhere in the body, both sun exposed and non sun exposed areas, more common on Sun exposed areas, but it can also be non sun exposed. So something not healing needs to be addressed. I point out asked before about skin type and a- in darker-skinned people,

a kind of skin cancer which is more common, as actually well it's relatively rare, but if does- melanoma does occur it'll sometimes occur around the fingers. And that's a particularly aggressive kind of melanoma.

You treat skin cancer right?

Yes.

How's it typically treated?

Well you know my role is often one of diagnosis. So we'll typically biopsy things and to say we treat it. If something's a skin cancer I will often refer the lesion to a surgeon, either dermatologic surgeon, or general surgeon, or plastic surgeon, depending on the location circumstances to make sure the lesion is completely removed. So we treat it in the sense of diagnosis but as a more medical rather than surgical dermatologist I tend not to be the final treater of it.

Okay well thank you Dr. Gropper, we're running at a time here, but thank you for joining us on SBH Bronx Health Talk. For more information on services available at SBH Health System, visit www.SBH.org and thank you all for joining us, until next time.