Welcome new physicians
Please help welcome four new physicians to the faculty of the Massachusetts General Hospital Department of Dermatology.

Esther Freeman, MD, PhD, DTM&H, will be accepting new patients of all ages. In addition to general medical dermatology, her clinical interests and expertise include infectious diseases of the skin (especially HIV-related disease), tropical dermatology, and skin disease in travelers.

Lilit Garibyan, MD, PhD, will be accepting patients 18 years and older. Aside from general dermatology, skin cancer detection and treatment, her clinical interests and expertise are in immunologic skin diseases and eczema.

Arianne Shadi Kourosh, MD, will be accepting patients of all ages. Her clinical interests and expertise are general dermatology, medical dermatology, disorders of pigmentation, technological innovations in medicine, health policy, patient advocacy, public health and community medicine.

Maryanne Makredes Senna, MD, will be accepting patients of all ages. In addition to general dermatology her clinical interests and expertise are in pediatric dermatology, hair loss, nail disorders, connective tissue disease, psoriasis, acne, skin conditions during pregnancy and vulvar dermatoses.

All doctors will be seeing patients at our Dermatology Clinic located at the 50 Staniford Street, part of the main MGH Campus. Additionally, Dr. Kourosh will see patients at our Revere Health Center and Chelsea Health Center.

New multidisciplinary clinic
The Connective Tissue Diseases Clinic is a collaborative program between Massachusetts General Hospital Departments of Dermatology and Rheumatology. Autoimmune diseases such as lupus, scleroderma, or dermatomyositis significantly impact both the skin and musculoskeletal system. Improved management of these conditions comes from periodic evaluation by both a dermatologist and a rheumatologist.

Patients are seen by a dermatologist and a rheumatologist at the same time in the Connective Tissue Diseases Clinic. This enables immediate interaction between the healthcare providers ensuring clear communication; development of a unified therapy plan; and ensures coordination of care. Additionally, this service benefits patients by minimizing the number of visits.

“By using a comprehensive team approach, our clinic may help those patients who have previously received treatments but still have significant disease-associated problems,” says Gideon Smith, MD, PhD, an expert in this field.
Head lice are found worldwide and affect people of all ages, races and socioeconomic status. Lice most commonly affect children, and can be found in one out of four elementary school students in the United States. Having lice does not mean one is dirty, as lice have no preference over a dirty or clean scalp.

Most people experience severe itching of their scalp and neck, and may even develop a rash on the scalp and neck.

How do we get lice?
Lice are spread from close contact with someone who has lice or with an infested object. For example, lice can crawl from one scalp to another in head-to-head contact. They can also crawl onto the scalp from sharing pillows or hats. Lice cannot jump or fly, but they do crawl very fast!

Looking for lice and nits
Adult lice are very small (about the size of a sesame seed) and grey-white or tan-brown in color. The adults live on the scalp, most commonly on the nape of the neck and behind the ears.

Eggs or nits are seed shaped small pods that are cemented onto the hair. They may look like shiny drops of hair spray. The eggs are tightly cemented onto the hair close to the scalp, making them difficult to remove. Once the egg hatches, the shell will remain attached to the hair until they are removed or the hair is cut.

The best technique to detect active infestation is wet combing of hair:
• Wet hair.
• Divide it into sections.
• Use a fine toothed comb or lice comb to slowly comb wet hair.

How to treat lice
Topical over the counter preparations formulated to kill lice (pediculicides) are the initial choice for treatment. Products containing permethrin or pyrethrin with piperonyl butoxide are recommended. Pyrethrin is obtained from natural chrysanthemum extract and Permethrin a synthetic version – both are toxic to lice but safe for humans.

Follow the package instructions on how to use each product. In general, you apply the products to saturate the hair after the hair has been shampooed and towel dried. Avoid use of conditioners prior to use of lice treatments, as these reduce effectiveness. Apply the product to the scalp and rinse in a sink or with a shower hose. Although these products are safe, you should limit the amount of product that touches surrounding skin.

Use the lice comb to wet comb your hair as described above. After use, soak all combs and brushes in hot water for 10 minutes. Continue to wet comb your hair daily for two weeks after the treatment, looking for lice and nits.

On the day of the treatment, launder all clothing and linens used in the previous two days by the person being treated.

Repeat the treatment in 7 to 10 days, as most products do not kill eggs that have not hatched. The second treatment 7 to 10 days later is very important in killing any newly hatched lice before they lay new eggs.

Household control
• Inspect all close family and friends daily for 15 days.
• As a preventative measure, treat anyone who shares a bed with a person infested by lice.
• Wash and dry clothing and linens used by affected individual for the two days preceding treatment.
• Isolate items that cannot be washed for two days or place in dryer for 20 to 30 minutes.
• Vacuum furniture and rugs.

Returning to school
Always make sure to check your school’s policy about when to return to school after lice infestation.

When to see a dermatologist
If lice persist after treatment with an over the counter preparation 7 to 10 days apart, your dermatologist may recommend a different preparation or a prescription treatment.

Prevention
Avoid sharing items that are in contact with the hair and scalp and avoid head-to-head contact. If lice infestation is reported at school, make sure to check your child’s hair daily.
How to Support This Department

We wish to thank those who have generously supported our research efforts in the past, which has meant improved health and better quality of life for people in the Boston area and around the world.

If you’d like to learn more about our research efforts and how you can help, please contact Katherine Liscomb at kliscomb@Partners.org or call 617-643-5778.

WHAT TO KNOW ABOUT OVER THE COUNTER MOISTURIZERS

BY MOLLY WANNER, MD, MBA

We have natural moisturizers in our skin. These moisturizers form a protective layer and attract water from deep in the body to keep our skin hydrated. In fact, moisturizers that we buy mimic the moisturizers that we have naturally. Is this extra expense necessary?

Do we need to moisturize?

For many people, the answer is yes. Our day to day lives can decrease our natural moisturizer. Simply aging lowers our moisturizer. Sun and wind wear down our natural protection. Frequent travel can alter skin moisture. Aggressive cleansing breaks down our natural moisturizers. Some medications can deplete moisturizers. Some people, such as those with eczema, naturally have lower levels of moisturizer. We can control some, but not all, of these factors.

What is a moisturizer?

Moisturizers contain ingredients called “occlusives” that create a layer of extra protection over the skin. Examples of occlusives are petrolatum, lanolin, mineral oil, dimethicone, and beeswax. These ingredients are the most moisturizing.

Other ingredients are called “emollients.” These moisturizers slide between skin cells to help seal the skin against water loss. Examples of emollients are cholesterol, squalene, olive oil, and jojoba oil.

Some moisturizers have “humectants” as such as glycerin, alpha hydroxyl acid, sorbitol, and urea that pull water into the outer layer of the skin. Many products have some combination of occlusives, emollients, and humectants. If a moisturizer only contained humectants, it would pull the water to the outer layer of the skin and cause water loss.

Which moisturizer is “the best”?

The best choice for one person may not be the best choice for another. An older person with dry skin may need a cream, while a younger person may need a lotion or gel. The best choice may vary with the seasons. Thicker creams are often better in the winter. A moisturizer with salicylic acid may help one person and irritate another. Some people, such as those with rosacea, may need sensitive skin product lines.

What are some common ingredients in moisturizers?

Salicylic acid is part of the aspirin family. Salicylic acid helps acne sufferers because it can penetrate through oil, exfoliate the skin, and unclog pores. It is also used to decrease brown spots and help with fine lines. The ability to exfoliate the skin may decrease natural moisturizers, and lower doses may be needed for dry skin.

Vitamin C is an antioxidant. Antioxidants protect against sun damage. To mobilize this antioxidant effect, Vitamin C should be used prior to sun exposure. Vitamin C may help with fine lines and brown spots. To ensure that Vitamin C is functioning, this ingredient should be in a dark container with a small opening.

Niacinamide is a type of Vitamin B, and it may help treat acne, brown spots, and fine lines. Unlike salicylic acid, which thins the skin, it can increase the thickness of the skin barrier, so skin stays more hydrated. Niacinamide is a good choice for those with sensitive skin.

Retinol is a type of Vitamin A that may help with fine lines and brown spots. Like Vitamin C, it should be packaged in a dark container with a small opening, or it may not function. Sunlight can break down retinol, so it should be used at night.

Feverfew is derived from a plant. It is an antioxidant and an anti-inflammatory that is used in products that calm the skin. It is important to know that over the counter products are considered cosmetic. This means that they affect the appearance of brown spots or fine lines and may not permanently remove these problem areas.
TATTOO REGrets?

DO YOU REGRET GETTING A TATTOO? IS A TATTOO HOLDING YOU BACK SOCIALLY OR FROM GETTING A JOB?
THERE ARE MANY REASONS FOR POSSIBLY WANTING A TATTOO REMOVED. OUR CENTER IS ONE OF THE FIRST IN BOSTON TO OFFER THE NEWLY FDA APPROVED PICOSURE™ LASER TECHNOLOGY FOR REMOVING UNWANTED TATTOOS AND IT WORKS FASTER WITH BETTER RESULTS IN FEWER TREATMENTS.

New laser technology available at our Laser and Cosmetic Center

Our center offers the latest technology, PicoSure™ to safely remove tattoos using picosecond pulse, which delivers ultra-short pulse bursts of energy to the skin that is 100 times shorter than the previous nanosecond technology. The theory behind both technologies was developed here at Mass General in association with the Wellman Center for Photomedicine. This new technology shatters the ink into tiny particles that are more easily eliminated in the body.

PicoSure’s technology produces less injury to surrounding skin and even dark, stubborn blue and green inks as well as previously treated tattoos can be removed with less pain and less scarring. In addition to the PicoSure, the Mass General Dermatology Laser and Cosmetic Center has a variety of other tattoo lasers specifically designed to remove certain tattoo inks.

Fewer treatments required

Generally, removal takes a number of treatments and the actual number of treatments depends on several factors including the tattoo’s size, colors in the tattoo, depth of ink, skin color, and types and colors of ink. Most treatments range from 5 to 15 minutes.

As a comparison to previous laser technology, using the PicoSure laser typically reduces the number of visits needed to significantly clear a tattoo.

Although black ink is generally easier to remove, some professional colors, such as yellow and orange – may be more difficult to remove and may require the use of other lasers.

A consultation fee of $100 is required as it is important to spend time talking with your doctor before the procedure to ask questions regarding laser tattoo removal.

Does it hurt?

This treatment is less painful than previous laser technology to remove tattoos. Local anesthetics are typically used for laser tattoo removal to provide comfort during the procedure.

What can I expect?

One of our board-certified dermatologists will perform the procedure. Upon leaving the office after the treatment, the tattoo will be red and swollen like a bad sunburn, and can blister and scab. Wound care usually involves some cool packs the first day along with petroleum jelly every day for about one week at which time there can be some fine peeling, much like after a sunburn.

During the healing period and between treatments:
• The tattoo area must be meticulously protected from the sun since unprotected sun exposure may increase the risk of adverse pigment changes, like having the skin go lighter or darker.
• If a person has a tan at the time of treatment, the treatment will have to be postponed until the tan is gone.
• The tattoo will fade over a period of weeks; the total time depends on the size and color of the tattoo.

How much does it cost?

Costs are determined by the size and color of your tattoo. This is considered a cosmetic procedure and is not covered by medical insurance. To learn more visit: www.massgeneral.org/laseercosmetics.

CONTACT US | If you would like to receive a copy of this newsletter, please ask your patient coordinator or e-mail us at MGHSkinNews@partners.org