

CENTRAL

Dermatology

Comprehensive Dermatological Care at Central Dermatology



Dr. Beth Goldstein



Dr. Jennelle S. Williams



Dr. Lawrence Etter



**Sally LaLiberte,
F.N.P.**

One of the largest dermatology practices in the Triangle area, Central Dermatology is leading the way in advanced medical and cosmetic dermatology. This most comprehensive dermatology practice specializes in the diagnosis and treatment of various skin, hair and nail problems. This includes fungal, viral and bacterial skin infections, as well as allergies, rashes and complexion problems. Growths, moles and cancers are treated with surgical techniques and procedures. The providers at Central Dermatology also treats leg veins with sclerotherapy, perform microdermabrasion, botox injections, and laser treatments for unwanted hair and blood vessels.

The practice, started ten years ago by Dr. Beth Goldstein, continues to grow. It includes two satellite practices, in Siler City and

Hillsborough, a new primary facility in Chapel Hill, three highly qualified dermatologists, a certified nurse practitioner, and an expansion of services to include photorejuvenation and botox.

This growth is reflected in the practice's philosophy, explains Dr. Goldstein. "We want to provide excellent dermatologic services in a caring and warm environment." For example, the new facility,

conveniently located on Hwy 54 in Chapel Hill, less than a mile from the I-40 exit, allows the practice to meet the needs of its patients in a more professional environment. Spacious, the new facility allows the dermatologists and nurses to offer patients quicker access to rooms, more privacy, and a greater sense of calm. A larger facility also means that Central Dermatology can continue to expand its cosmetic services while continuing excellent care for its medical clients.

Cathy Wheeley, a registered nurse who recently joined the team at Central Dermatology, is excited about the new space. "From the moment you walk in, you can appreciate the comfortable, tastefully decorated office. The waiting area is spacious with a separate play area for children, which seems to be a big hit with families."

This attention to the functional design of the new facility is merely one example of the focus and drive that go into every aspect of Central Dermatology, from the caliber of its professional staff to the expanse of services offered to patients.



The Value of Full Skin Exam

by Dr. Jennelle S. Williams

What is a full skin exam?

Do I need a full skin exam?

One out of five Americans in their lifetimes will develop a non-melanoma skin cancer. Malignant melanomas also are steadily on the increase in our population with current lifetime risks of one in fifty Americans developing melanoma. Because of this frequency of skin cancers, your provider may recommend a full skin exam at your appointment, or at a follow-up appointment. We will particularly be interested in performing a full skin exam if you have one or more of the following:

- If you have a history of skin cancer, it is recommended to have a full skin exam on an annual basis for life. Patients with prior history of skin cancer are certainly at higher risk for developing further skin cancers.
- History of severe sunburn or blistering sunburns in the past.
- Red hair and freckles.
- Blond hair/blue eyes.
- History of melanoma in the family. An individual with a first degree blood relative having a malignant melanoma should have a complete skin exam with the assessment of need for further skin exams discussed with a dermatologist.
- History of life guarding or outdoor work for greater than 3 summers.
- History of precancerous lesions treated.
- History of irregular nevi.

- General concern about moles and uncertainty of whether these are dangerous.
- Extensive history of sun tanning and/or hobbies such as golfing, sailing, and tennis.
- Extensive use of tanning beds.

Many of our patients initially would like to have a full skin exam. Sometimes, if there are more specific issues which need to be addressed, we will address these issues at the initial appointment, and then reschedule the complete exam at a follow-up appointment.

What is involved in a full skin exam?

The face, ears, neck, chest, scalp, back, arms, legs, hands and feet are checked.

In conclusion, our goal is for patients to have thorough care that is appropriate to their risks of skin cancer, as well as their chief complaint. If you have any questions about your need for a full exam, we would be happy to discuss this with you at your appointment. Often times, your provider



Full skin exams are given in our new exam rooms. *Photography by Joe Gierisch*

may suggest a full exam, even if you come in for non-related question. This usually relates to fair complexion or numerous nevi that are noted on visible exposed areas. We strive to provide excellent dermatology care. We feel our practice is particularly strong in skin cancer surveillance.

If you have any questions concerning full skin exams, we would be happy to discuss these with you at your next appointment. We look forward to providing continued good care to you and your family.



New Developments in the Treatment of Psoriasis

by Dr. Lawrence Etter

Psoriasis is a common skin condition, estimated to affect up to 2.5% of the US population. Its symptoms can include areas of thick, red, and scaly skin; brittle or thickened nails; and, occasionally, a painful and destructive arthritis. Although physicians still don't know exactly why certain people develop psoriasis, it is clear that both genetic and environmental influences play roles. Recently, scientific research has determined that patients with psoriasis have an altered immune system, which leads to a pro-inflammatory state, manifesting as the inflamed skin, nails and joints seen in patients with this condition. Unfortunately, psoriasis cannot yet be cured, however, many medications can control the disease, and long-lasting remissions are not uncommon.

Traditionally, treatment options for mild psoriasis include steroid creams and ointments, tar solutions, and dithranol formulations. For moderate psoriasis, dermatologists frequently employ ultraviolet radiation, either UVB or UVA in combination with an oral medication, psoralen (PUVA). For more severe psoriasis (and for patients with psoriatic arthritis), doctors use oral medications such as cyclosporine, methotrexate, and acitretin. These three oral therapies are quite effective, but they can have unpleasant side effects and potential toxic-

ities, requiring that patients have blood work performed on a regular basis.

Research has yielded several exciting new developments in the treatment of psoriasis. In terms of topical medications, dermatologists have four new weapons in their arsenal. We commonly use calcipotriene (Dovonex), a vitamin D derivative, and tazarotene (Tazorac), a potent therapy from a class of drugs known as retinoids. In addition, we can prescribe two new medicaments originally developed for patients with eczema: tacrolimus ointment

(Protopic) and pimecrolimus cream (Elidel). None of these four topical therapies is derived from steroids, so patients can avoid the adverse effects of long-term steroid use, such as skin thinning or changes in pigmentation.

Even more exciting are the new drugs used for more severe psoriasis. In particular, three new injectable medications

have enabled dermatologists to offer even more options to patients with severe, stubborn psoriasis. These bioengineered drugs—the so-called “biologics”—directly target the immune system components thought to be integral to the development of psoriasis. First, infliximab (Remicade) is a medication which is FDA-approved for treating rheumatoid arthritis and Crohn's disease. Infliximab is administered intravenously, usually at the doctor's office, four

times over an eight-week period. Although no long-term safety data exist, infliximab may cause dormant tuberculosis to reactivate.

Second, etanercept (Enbrel) is a twice-weekly medication self-administered by the patient. It is FDA-approved for managing patients with rheumatoid arthritis, but has gained acceptance with dermatologists as treatment for patients with psoriasis, especially those with psoriatic arthritis. Patients may carry an increased risk of infection, but no regular blood work needs to be drawn.

Finally, alefacept (Amevive) is the first biologic to be approved by the FDA specifically for the treatment of psoriasis. Alefacept has demonstrated effectiveness both as an intravenous and intramuscular medication. An increased risk of low white blood cell counts requires weekly blood work. Because this is such a new drug, long-term consequences of repeat dosing with alefacept are not known. However, short-term trials suggest that many patients note a drastic reduction in their psoriasis lesions and joint complaints over the twelve-week period.

Because psoriasis is such a common and potentially debilitating disease, scientists continue to search for more effective, better-tolerated treatments with fewer side effects. Efalizumab (Raptiva) will probably be approved by the FDA this fall, and early trials are being conducted for even more medications. We dermatologists feel fortunate to be working during this exciting period when we can offer many more options to our patients with psoriasis.



Dr. Williams explains to a patient a treatment for Psoriasis

Photography by Joe Gierisch

The Fundamentals on Skin Protection

by Dr. Beth Goldstein

Of concern to dermatologists across the United States, Americans have a false sense of security when it comes to sun protection: “If it's not burning, then it's not bad for my skin.” The result is an increased risk for skin cancer in a popula-

tion that perceives itself to be doing enough to prevent it.

There are two primary types of sun protection: sun blocks and sunscreens. Sun blocks use zinc oxide or titanium dioxide to create an invisible armor coat on the

skin and reflect burning ultraviolet rays away. Sunscreens, even though many call themselves “blocks,” use chemicals to change ultraviolet energy into heat energy which dissipates from the skin.

Most people do not put them on heavy enough. When applying, people should think of it as painting a wall—it takes

several coats to get a good finish. Sun protection should be applied thirty minutes before going out in the sun, an hour or two after initial exposure, then every two hours, even if the product indicates it is "all-day" or "waterproof". A table-spoon or ounce of sunscreen should be used in each application.

Photorejuvenation Using Intense Pulsed Light (IPL) Treats Sun-damaged Skin

The latest cosmetic breakthrough from the United States goes beyond traditional creams and major surgeries to improve sun-damaged skin and other facial concerns safely and effectively without any "down time" or interference with an active lifestyle. Using Intense Pulsed Light (IPL), this new non-invasive treatment solution improves the appearance of photo-aged skin, removes age spots (sun-induced freckles) most benign brown pigments, redness, and the redness associated with broken capillaries through a process known as photorejuvenation for the face and body. Best of all, treatment can be tailored to an individual's specific condition and skin type.

For sun damage, age spots, broken capillaries and benign brown pigmentation, Photorejuvenation using IPL provides superior cosmetic results and outstanding patient satisfaction.

The very best way to protect against damage caused by the sun is to stay out of it altogether, wearing hats, sunglasses and long sleeved shirts are the best way to help protect the skin. Staying out of the midday sun, and seeking shade, also reduces exposure. And, tanning beds are to be avoided.

"Aging and sun-damaged facial skin is more than just wrinkles. It is a picture of brown and red pigmentation, conditions which can be improved with IPL treatments," says Beth G. Goldstein, M.D., at Central Dermatology Center in Chapel Hill, N.C. The advantages of photorejuvenation over skin resurfacing methods like laser therapy are tremendous, particularly for a younger population with mild to moderate skin damage. There is no prolonged recovery time, anesthesia is seldom required, treatment takes only 20 minutes, and patients can return to work or daily activities immediately. Additionally, the procedure is administered in a series of five to six treatment sessions, providing gradual improvement with low risk and excellent long-term results. In nearly all cases, photorejuve-

Taking these precautionary measures will decrease the risk of skin cancers, reduce the signs of aging, and ensure that skin remains free of damage from the sun. The primary message is this: if you are out in the sun, wear protective clothing and a broad-spectrum sunscreen, with an SPF of at least 15.

nation is considerably more affordable than other cosmetic surgery options available today.

"Photorejuvenation treats the entire face rather than a single isolated area or imperfection, imparting an overall refreshed and youthful appearance," remarks Dr. Goldstein.

Using highly controlled flashes of IPL, the high-tech procedure acts on both the superficial and deeper skin layers while at the same time delivering beneficial thermal energy to deep tissue. Healthy surrounding tissue is not affected.

Close to half a million Photorejuvenation procedures have been performed in the United States. In fact,

Photorejuvenation is the fastest growing procedure in aesthetic skin care.



Dr. Goldstein gives an IPL treatment. *Photography by Joe Gierisch*

Central Dermatology Center, P.A.
2238 Nelson Highway Suite 500
Chapel Hill, NC 27517