



EUROPEAN ACADEMY OF
DERMATOLOGY AND VENEREOLGY

Media InfoSheet

A media service of the European Academy of Dermatology & Venereology - No. 7 / 2009

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All you have to know about skin in winter

Interview-Partner: Univ. Prof. Dr. Sanja Schuller-Petrovic

Why does skin get dry in the winter?

Both cold winter air and heated ambient air are much dry and thus it gets down to an increased transepidermal loss of water through skin. Cold causes a lower sebaceous production through skin sebaceous glands, too. Consequently, without adequate care skin gets dry and rough.

What is about visage cleaning?

Cleaning must be gentle and not scouring. You do not have to use lotions containing alcohol because it removes the natural lipid skin and thus skin loses its protection against environment.



Creams in the winter:

People use fatter creams for skin care more in the winter than in the summer. Also addition of urea binds wetness in skin and addition of vitamin oils makes skin elastic and acts as antioxidant.

Lips:

In the winter lips should be especially well-kept and protected. Lip balms containing glycerin and petroleum can be useful. And very important, do not forget to protect your lips from ultraviolet light also in the winter.

Showers / Baths:

For showers and baths it should use gentle not scouring and pH neutral agents, best containing moisturizing additions. Thereby the important acid-lipid safety ring of skin does not get affected and skin is protected from drying-out. In case of full baths you do not have to have either a too long or too hot bath because in case skin gets also much defatted.

Sunscreen in the winter:

Sunscreen is very important also in the winter. Face, nose and ears should be adequately protected. Especially on the mountains UV radiation can be much strong and have sunburn as a consequence. Depending on sunburn sunscreen creams with SPF 30 –should be.

Make up in the winter:

Make up can be richer and also fatter in the winter.

Further tending strategies in the winter:

Creams and masks containing vitamins can also have a positive effect on skin. Vitamin C is a very good antioxidant agent, vitamin A and E provide cell functions. In the evenings you can also use moisturizing creams or regenerative sera.

Hands and nails:

Also hands and nails should be well protected from cold otherwise they get rough and chapped. Hand creams containing glycerin or beeswax that improve skin barrier function are proper in these cases.

Daily care in the winter:

In case of cold temperatures you cannot use any moisturizing creams because otherwise it can get down to freezes. As a protection against cold can be used creams against cold. They are oil in water emul-

sions containing white beeswax or paraffin oil, also called Cold Cream. Also lips should be protected by lip balms on this basis. Especially during sport and longer stay outside should be used creams for protection against cold. Especially delicate children skin is very sensitive to cold and should be protected against it.

Are there impurities after using Cold Cream?

In case of acne-prone skin you should avoid Cold Cream and other much fat creams. Otherwise it

can get down to strong deterioration of skin conditions.

Interview-Partner:
Univ. Prof. Dr. Sanja Schuller-Petrovic

Other therapeutic options to treat keloids

by Dr. med. Klaus Fritz

With keloids, the fibroblasts continue to multiply and to project above the surface symptoms and treatment targets include pigmentation of the skin, itchiness, redness, unusual sensations and pain. Currently, no treatment can offer 100% improvement. But after some treatments it is possible to see remarkable results. Treatments could be pressure dressing, cryosurgery (freezing), excision, x-rays, Interferons, Imiquimod, Fluorouracil, steroid injections and lasers. Monochromaticity of laser wavelengths permits specific absorption of laser energy by distinct cutaneous targets or chromophores such as melanin, hemoglobin, or tattoo ink. Laser-tissue interactions produce three effects: photothermal, photochemical and photomechanical.

The goal of laser surgery is to direct energy to the tissue in order to ablate selectively layer by layer the upper parts of the scars. Ablation (carbon dioxide laser, Er:YAG) however may result in new keloid formation and need additional steroid therapy. Same is true for lasers used for selective photothermolysis (cv- argon laser and Nd:YAG (1064 nm).

Since the nineties the effectiveness of the vascular-specific 585-nm or 595 nm pulsed dye laser (PDL) was proven for keloid treatments and hypertrophic scars, especially in erythematous scars. We obtained / it could be obtained an improvement of 77% after 1.8 sessions. Three treatments at monthly intervals can be recommended at fluences of 6-9 j / cm² and 1,5-3 ms at a 7 – 10 mm spot. Improvement in nonerythematous minimally hypertrophic scars was also found following combination treatment with PDL and CO₂ lasers. If hyperpigmentation is the leadsymptom. Clearing may be achieved by the use of q-switched Nd:Yag esp. at 532nm, alexandrite or ruby lasers like in other pigmentations.

We did a lot of progress over the last years. Lasers like the mentioned ones allow a specific treatment approach and can be combined with cryosurgery and any other topical treatment.

Growing Interest in Aesthetic Dermatology and Dermatosurgery

Continuously increasing life expectancy and growing expectations in an attractive appearance have induced an unprecedented surge in the demand of dermatosurgery and aesthetic dermatology. Aesthetic dermatology has meanwhile become the fastest growing part of dermatology due to an growing interest in both patients and dermatologists. According to the American Society of Aesthetic Plastic Surgery, the number of cosmetic procedures has increased from 2.7 million in 1997 to 10.2 million in 2008.

Botulinum injections, application of fillers and laser hair removal are among the most common cosmetic procedures. Apart from demographic changes and consumer expectations, the rising number of cosmetic procedures also results from growing affluence and technological advances that also provide improved safety and less side-effects for the patients.

Numerous innovative therapeutic approaches are now being used in addition or instead of con-

ventional surgical procedures in the treatment of skin diseases. They are successfully applied to skin malignancies, like melanoma, basal cell carcinoma and squamous cell carcinoma, as well as to many other skin diseases and cosmetic indications.

Positive outcomes of these therapeutic measures also involve the patients' quality of life, as seen, for example, in the treatment of acne scarring with silicone injections, which may improve patients' self-esteem, social life, and employment chances. Aesthetic dermatology, however, also needs to deal with a high number of psychological disturbances among dermatology patients. Depression is seen in 30 per cent of general dermatological patients. According to recent studies, 12 per cent of general dermatological patients suffer from body dysmorphic disorder, the prevalence in persons seeking cosmetic botulinum is 23 per cent, and in patients seeking laser therapy between 30-40 per cent.

Cryolipolysis - Procedure

New "Cool" Approach Offers Non-Invasive Benefits with noticeable Results

For those looking for a trimmer physique, there is a new non-invasive procedure for fat reduction. Gentle and effective, the procedure uses an innovative method of precisely controlled cooling to help reduce unsightly fat bulges and pads that do not respond to diet and exercise.

What makes this procedure different is that it uses an advanced tissue cooling technology to selectively target and eliminate fat cells without harming the skin. The exposure to cooling causes the fat cells to begin a process of natural removal, which gradually reduces the thickness of the fat layer. The fat cells in the treated area are gently eliminated through the body's normal metabolic processes, like fat from food.

In a few months, the procedure gradually reduces unwanted abdominal fat, love handles (flanks), or back fat without needles, incisions, or anaesthesia and there is no downtime. Clinical studies have shown that this procedure can reduce the fat layer thickness by up to 22.4% within two to four months post-procedure after a single procedure.

The science behind this procedure is called Cryolipolysis, which was developed at the Harvard Medical School, Massachusetts General Hospital

in Boston, supervised by Dr. Dieter Manstein and Dr. Rox Anderson. Their research showed that fat cells are naturally more vulnerable to the effects of cold than other surrounding tissues, and that fat cells can be safely eliminated without harming the overlying skin. This discovery led to the development of the non-invasive procedure. While undergoing the procedure, most patients keep themselves occupied by reading, working on a laptop, listening to music, or just relaxing. Also, there is no recovery time after the treatment and patients usually resume their normal activities the same day, including work and exercise.



Sublative Rejuvenation

New Treatment Modality for better dermal remodeling

Sublative Rejuvenation utilizes a fractionated bipolar radio frequency technology in which heat energy is effectively created in the dermis, producing significant dermal remodeling with minimal epidermal disruption. While traditional fractional technologies are most aggressive at the epidermal level, Sublative Rejuvenation delivers energy that creates a triangular-shaped pattern of impact where the ablated zone on the skin's surface is narrower and minimized. Below the minimized ablative zone,

the coagulative zone widens, reflecting the higher heating of the deeper zones of the dermal connective tissue and its collagen content. This specific, sublative targeting maximizes clinical results and reduces downtime and risk of adverse reaction. Increased dermal heating leads to enhanced collagenesis, making Sublative Rejuvenation most effective for wrinkle reduction as well as overall textural improvement and luminosity for all skin types.

EADV-Campaign 2010: "healthy skin @ work"- europrevention"



Prof Swen Malte John (Coordinator of the campaign), Ioannis Kasoulides (MEP and host of the dinner), Prof Joseph Pace (SG EADV), Prof Hans-Gert Pöttering (former EU President), Prof Antonios Trakatellis (Former Vice President of the European Parliament and Chairman of health committee)

Prevention is the keyword of the EADV-Campaign 2010. It mainly consists of the creation of a prevention service system. This European system called EPOS (European Initiative for the Prevention of Occupational Skin Diseases) and is an effective instrument to make the recent achievements in dermatological prevention available to every EU-citizen. Importance of this campaign focusing its attention into prevention can be deduced by current resonance that occupational skin diseases (OSD) have throughout Europe. As a matter of fact, according to the recent EU-25 report occupational skin diseases (OSD) cause patients' socioeconomic and psychological consequences.

Along the EADV, why is prevention so important? Prevention of OSD will significantly contribute to reduce the cost of sick leave and loss of productivity in many small & medium-sized enterprises, which represent the most cases where OSD mostly occurs.

According to this campaign employees across the EU may effectively benefit from implementation and improvement of preventive medical care due to specialized, evidenced based prevention. They also may be protected from detrimental socioeconomic OSD consequences and profit by better quality of life. Joining EPOS experts in occupational skin prevention may benefit from an accurate insight into prevention strategies in the field of dermatology in the different European countries and workplace settings and continuous online education in the field of dermatological prevention.

All in all, the EADV-Campaign 2010 results extremely significant because dermatologists, joining the EPOS, would be able to save their patients' health and jobs and, consequently, make expenses for tax-payers and insurance systems reduced.



Prof Swen Malte John during the conference

New Insights and Prospects in Melanoma Prevention

Despite substantial efforts at the primary prevention level, the incidence and mortality rates of cutaneous melanoma continue to increase among light-skinned population worldwide. Surgical excision of the primary lesion remains the only effective treatment for early disease, while treatment for advanced melanoma, i.e., adjuvant immunotherapy for regional disease or chemotherapy for metastatic disease, offer only modest survival benefit. Prevention strategies in melanoma are directed towards reducing solar exposure, particularly in childhood and adolescence, and decreasing the rate of sunburns by avoiding sun exposure during the peak sunlight hours, wearing protective clothing, and applying high SPF sunscreens. The role of solarium remains a controversial issue, with several case/control studies suggesting an association between melanoma risk and artificial tanning.

Improvements in melanoma survival over the past decades are due to increased awareness of melanoma and, consequently, detection of the

disease at an early, prognostically favorable stage. Several parameters have improved early detection activities of melanoma, either by the public or by physicians. The ABCD criteria have been a useful paradigm for early detection guidance, although it does not cover the small diameter (<6 mm) or nodular melanomas, which are a leading cause of melanoma mortality, particularly in elderly males. Therefore, the message of a "new" or "changing" skin lesion, has been recently advocated (ABCDE, with E standing for Evolution) to increase awareness about these ultimately fatal lesions. In addition to physical examination, a number of diagnostic techniques, such as photography, dermoscopy, and computer image analysis have been shown to enhance the diagnostic ability of physicians and facilitate the examination of pigmented lesions. Lately, the novel concept of chemoprevention has been introduced, but its potential role and efficacy in melanoma prevention are under investigation.

Announcement: Future EADV Meetings

7th EADV Spring Symposium
May, 13th – 16th 2010
Cavtat, Croatia
<http://www.eadvcavtat2010.com/>

19th Congress of the EADV
October, 6th to 10th 2010
Gothenburg, Sweden
www.eadvgothenburg2010.org



Experts at your service

EADV supports journalistic work with a free press and media service on request. A pool of scientific leaders, specialists in dermatological treatment with clinical background or residents working in dermatological practice is at your disposal to answer questions. Upon request, you will receive a specific response to almost any question on skin or hair. Support covers mass media and special titles equally.

The experts and interview partner mentioned in this InfoSheet can be contacted through the EADV office (stefanie@eadv.org).

R e p l y F o r m

Please return to Stefanie Blum (Fax: + 32 2 65000 98)

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EADV Info Sheet

The EADV Info Sheet is a publication of
the European Academy of
Dermatology & Venereology

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