

# DR. PATRICIA WONG'S SPRING 2009 NEWSLETTER

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## **Intense Pulsed Light**



Now you can reverse the sun damage you acquired when you were young and foolish. Brown age spots due to excess sun exposure can take 15-20 years to appear on your face, chest, arms, back of hands, and legs. Left alone, these spots will eventually evolve into raised warty growths. These cannot be camouflaged by make-up and will be accentuated by spray tans and tanning creams. A special light-emitting device known as Intense Pulsed Light or IPL is the treatment of choice for correcting these skin problems. Typically 5-7 treatments performed 1 month apart are needed to see results. IPL is also effective in improving redness and blotchy discoloration on the neck and chest resulting from sun damage. It can improve the tiny yellow or white bump texture that appears from sun damage. Destruction of collagen and elastin fibers in the neck results in the skin having a "goose bump" or "chicken neck" appearance. IPL can help correct these changes. Enlarged oil glands and pores can benefit from IPL. Skin care following IPL treatment is minimal and there is very little down time associated with IPL.

Rosacea sufferers can achieve a marked improvement in facial redness with IPL. The increased redness in the skin is due to rosacea causing an increase in the number of blood vessels and dilatation of vessels. Dilated vessels leak proteins that contribute to the inflammation seen in the skin of rosacea patients. IPL can eliminate these vessels and improve rosacea and the quality of the skin.

Go to Dr. Wong's website [www.patriciawongmd.com](http://www.patriciawongmd.com) to see clinical photographs of actual patients treated with IPL.

## **Getting the Most Out of Fillers**



**Before**



**After**

The most effective way to have Botox and dermal fillers last longer and avoid having

dramatic fluctuations in your appearance i.e. looking great after you get the injections and then one day suddenly looking old, angry, and tired, is to adhere to a maintenance injection schedule. Botox predictably will need a touch up in about 2 months in the frown area and wears off completely in 3 months. By having a touch-up at 2 months, you will ultimately require less Botox in the long run and it will be more economical. Allowing the effect of Botox to completely dissipate, results in the muscles recovering and they will immediately begin enlarging and reforming skin lines and deepening skin furrows. At this stage, all of the muscles will need to be reinjected, and depending on how much time as elapsed, some of the lines can crease the skin so much, that the Botox may soften the appearance of the lines but the lines may no longer disappear after treatment. If this happens, you will need to have additional treatment with a dermal filler to correct the lines. In general, the stronger the muscles are the bigger the muscle fibers and the larger the amount of Botox that is required to block these movements. Botox treatments administered to diminish lines on the forehead and in the crow's feet area should have touch-ups in 4 months.

Botox has a myriad of uses besides just wrinkle treatment. It is extremely effective for hyperhidrosis (excessive sweating) and can help decrease problems such as body odor, staining of clothes, and social embarrassment. Maintenance treatments are needed approximately every 6 months.

There is a new hyaluronic filler called Prevelle Silk that was released by Mentor Corporation this year. Many of you have been inquiring about it. The advantages are it has lidocaine unlike the other current hyaluronic dermal fillers such as Hyalaform, Juvederm, Restylane, Perlane, etc., it is cheaper, and there is less swelling with the injections. The reality is that although it contains anesthetic, the injections are NOT painless. The injections are LESS painful but there is still some discomfort. Yes, it is cheaper but it lasts a much shorter time than the other dermal fillers around 2 months or less and the amount of product in a given syringe is about 25% less compared with the other hyaluronic fillers. It is currently being marketed as the filler to have when you desire

same day improvement in your wrinkles for a special event later in the evening. Although, there is less swelling and redness associated with Prevelle Silk, as with all injections, there is always potential for bruising.

Have you noticed the tops of your hands looking wrinkled, bruising more easily and the skin becoming thinner? Injection of dermal fillers underneath the skin can reverse these changes. The procedure has no down time and is virtually painless. When undergoing skin rejuvenation, many people concentrate on their face and forget their hands. Aging hands will not complement your face and in fact, can add years to your overall appearance.

#### Conditions Treated with Botox

- Allergic Rhinitis
- Chronic Anal Fissure
- Drooling
- Blepharospasm
- Strabismus – crossed eyes
- Cervical Dystonia
- Muscle Spasms
- Body Odor (B.O)
- Hyperhidrosis –excessive sweating
- Migraines
- Tension Headaches
- Spastic cerebral palsy
- Post stroke spasticity
- Temporal Mandibular Joint Syndrome (TMJ)
- Wrinkles

#### THE IMPORTANCE OF BEING NAKED



It's true! Scientists have proven that being nude can save your life! Every adult should completely disrobe for a complete skin cancer evaluation. Contrary to popular lay opinion, skin cancers do not necessarily develop only in sun-exposed areas of the body. In fact, there are skin cancers that tend to occur mainly on non-sun exposed skin, making the importance of having a thorough dermatological examination paramount. This is especially true if you have a mutation for the BRAF or NRAS genes which

predispose you to having melanoma. A complete skin examination should include the scalp, inside your ears, nails, inside your mouth, under the breasts, the genital areas, between your toes, as well as the obvious areas such as face, arms, legs, chest, and back.

Just this past year, I diagnosed 4 cases of squamous cell carcinoma on the penis. All 4 men vigorously denied having noticed any skin abnormalities in the genital region and initially refused to remove their underpants for skin examination. Three of the patients did not recognize the skin cancers on their penis despite my pointing it out and the fourth person's lesion was so large that it was difficult to believe he didn't see it. He said he "forgot it was there" after I showed it to him. Fortunately, all these penile cancers were diagnosed at an early stage and were cured with simple surgical removal. However, squamous cell carcinoma of the penis can have high morbidity and result in penectomy or worse if diagnosed in an advanced stage.

I employ epiluminescence microscopy to check for abnormal pigment patterns that may be present in moles and unusual growths. This technique provides detailed magnification beyond what you can see with the naked eye; making the detection of skin cancers more accurate.

#### Types of Skin Cancers

- Melanoma
- Basal cell carcinoma
- Squamous cell carcinoma
- Atypical fibroxanthoma
- Merkel cell carcinoma
- Kaposi sarcoma,
- Sebaceous carcinoma,
- Cutaneous lymphomas and leukemias
- Paget's Disease
- Liposarcoma
- Dermatofibrosarcoma protuberans
- Leiomyosarcoma
- Angiosarcoma
- Microcystic Adnexal carcinoma
- Metastatic carcinoma to the skin

## WHAT YOU SHOULD DO TO PREPARE FOR YOUR SKIN EXAM:

Make a list ahead of time of any changes on your skin you have noticed; such as: 1) moles changing in shape, size, color, itching, bleeding, or causing pain, 2) new moles or growths 3) any skin sores or pimple type lesions that have not healed or gone away for several months

Bring in all of your medications and skin care products that you are using on your skin. If this is not practical to do, then make a written list of what you are using, where you are applying it, how often, and the reason you are using it. I see so many people who have seen another physician and then are seeing me for a second opinion and are unable to tell me what was prescribed. Describing the medication as a "white cream" is not helpful. It is impossible to intelligently guess what this might be since most of the topical medications are white.

If possible, do not wear make-up or if you do, be prepared to wash it off for the office visit. Bring your make-up with you so you can reapply it after the visit. Precancers and early skin cancers can be subtle and can be hidden by make-up. Remove nail polish before your exam. Melanomas can occur in the nail beds and will not be diagnosed if the nails are painted. Melanomas involving the nails are at high risk for distant metastases. Clear nail polish is fine to wear for the exam. Do not wear lots of jewelry. You will be asked to remove it for the exam. And finally, remember what your mother told you, wear your nice underwear to see the doctor!

### Guidelines for how often to have a Skin Exam

You should have an annual skin examination if you have had:

- No Prior history of skin cancer
- Family history of melanoma
- History of moderate sun exposure-lots of fun in the sun in your younger years
- History of 3 or more sunburns at anytime
- 50 or more moles

You should be examined every 6 months if you have:

- Ongoing treatment for precancers
- Moderate sun damage
- History of Nonmelanoma skin cancer in past years
- Atypical or Dysplastic Moles
- History of 3 or more family members with melanoma indicates high risk genetic risk for melanoma

You should be examined every 4-6 months if you have had:

- Personal history of melanoma
- Any diagnosed skin cancer within the past 1-2 years

## "BUT I HAVE THE GOOD KIND OF CANCER, RIGHT?"

As most of us know melanoma is a potentially fatal type skin cancer. What you may not realize is that having any skin cancer, it doesn't have to necessarily be a melanoma, puts you at increased risk for developing melanoma in the future. Also, we now know that people who have been diagnosed with a nonmelanoma skin cancer are at high risk for other cancers such as lung, colorectal, breast and prostate cancer. So it is important to have a complete physical exam with your internist to be monitored for potential signs of cancer in these organs.

New skin cancers do not necessarily develop in the same areas as where you have had prior skin cancers. It is important to have a full body skin check and not limit the exam to the surgical site where a previous skin cancer was removed. Having had one skin cancer puts you at risk for developing another skin cancer but it does not in any way predict the site where the next cancer may occur.

Your risk of developing melanoma is increased approximately 8 fold if you have had a nonmelanoma skin cancer such as a basal cell carcinoma or a squamous cell carcinoma. Current data suggests that nonmelanoma skin cancer may be a marker of a high cancer risk phenotype regardless of sun exposure history.

### Risk Factors for Melanoma

- Having 50 or more moles present. The moles do not have to be atypical in appearance.
- Family history of melanoma- genetics
- Personal history of melanoma
- Any history of a nonmelanoma type skin cancer such as a basal cell carcinoma or squamous cell carcinoma
- Ultraviolet radiation from sun exposure-strong correlation for developing a type of melanoma known as lentigo maligna melanoma
- Atypical mole syndrome
- Arsenic or mercury exposure
- Light colored skin, hair, eyes
- Occupational: Construction workers, Gardeners, Lifeguards