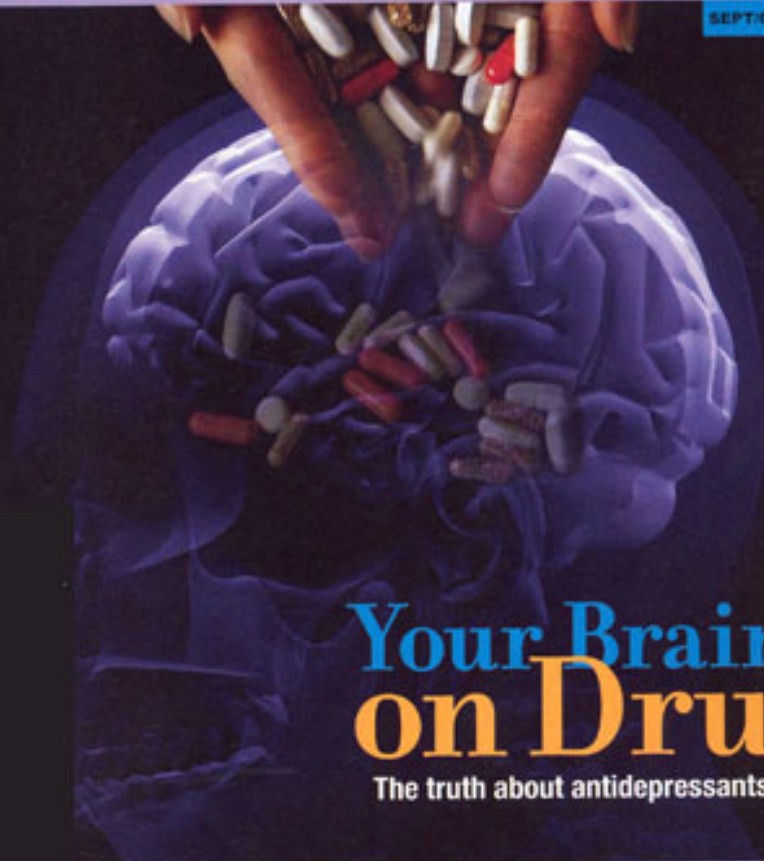


James Hubbard's
My Family Doctor[™]
The Magazine That Makes Housecalls[™]

SEPT/OCT 2007



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Name That Rash!

Would you know what to do if something like this showed up on you? Test your skin smarts by matching the rashes to their names. Then, check your answers on the next page, and see how right you are.

- 1 Brown-recluse spider bite
- 2 Hives
- 3 Lyme disease
- 4 Measles
- 5 Ringworm
- 6 Shingles
- 7 Psoriasis
- 8 Eczema
- 9 Molluscum contagiosum



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Answers (by publisher James Hubbard, M.D., M.P.H.)



1 Brown-recluse spider bite.

You probably won't feel the bite, but within a few hours,

an area of redness around a blister will develop. The blister will eventually turn into black, dead skin. By this time, it may be extremely painful. It's usually not life-threatening, but it can get very large and much worse. See your health-care provider within 24 hours if possible.



2 Hives.

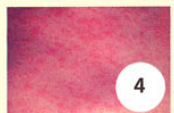
Usually caused by an allergic reaction, hives are sometimes just the first of many symptoms, which could be life-threatening (shortness of breath, palpitations). See a health-care provider right away for treatment and to figure out to what you're allergic. Next time, the reaction could be worse.



3 Lyme disease.

After a tick that carries the disease bites you, you may

develop one or more red bulls-eye circles, along with fever, a headache and/or muscle pain. Try to get treatment within 24 hours to avoid serious, chronic problems down the road, including muscle pains and heart problems.



4 Measles.

Much rarer now with immunizations, the measles may start with

other symptoms such as spots in the mouth and a fever. A health-care provider should examine the child

(or adult) within 24 hours if possible, to make sure that's what it is and to offer treatment suggestions.



5 Ringworm.

It's not a worm! It's caused by a fungus, and it probably

won't go away on its own. Your health-care provider can give you medicine. For athlete's foot (a type of ringworm) or just a spot on your skin, over-the-counter remedies may work. A lot of times, though, it continues to spread, and it is contagious.



6 Shingles.

This is actually the chickenpox virus that's been hidden in your nerve roots for years. It usually erupts along one

dermatome (nerve path)—from the spine across one side of the body. (It's not true that if it goes more than past midline it's more dangerous.) See your health-care provider within 72 hours to try to avoid postherpetic neuralgia—continued pain in the area of the rash for many years. The elderly and immunosuppressed need to be especially careful. It's contagious through touch only to those who have never had chickenpox (and they'll get chickenpox, not shingles).



7 Psoriasis.

Researchers believe psoriasis is an autoimmune dis-

ease—a problem with the immune system. White blood cells think something's wrong and trigger new skin cells to rise to the surface in a

matter of days instead of a month. Plaque psoriasis, the most common type (represented in this picture), results in thick, red, inflamed skin covered in silvery scales. It can be difficult to treat, so you may need to see a dermatologist or primary-care person with a special interest in dermatology. Psoriasis is not contagious.



8 Eczema.

Eczema is a generalized term for different

disorders that result in irritated, red, itchy skin. It's common and shouldn't have serious complications. After your health-care provider ensures that that's what it is, prescription or sometimes over-the-counter medications can help.



9 Molluscum contagiosum.

A virus related to smallpox causes these pimple-sized bumps with a dimple in the middle. But they're not dangerous. They are,

however, highly contagious. If on the genitals, they can even be spread sexually. Your health-care provider can make sure that's what they are and help you decide what to do. He or she can remove them, if you want. They'll go away on their own, but it'll take months to years, and scratching spreads them.

For a link to find out if you're in an area at risk for Lyme disease, visit your Premium Subscribers Section at the new www.MyFamilyDoctorMag.com.

A Spotty Tan

BY DINA D. STRACHAN, M.D.

I started tanning this summer and notice brown spots on my face. They are above my lip, tip of my nose and two spots on my cheeks. When I get out in the sun it makes them darker. What is this and how can I get the spots back to my normal skin tone?

— SHANNON, GEORGIA

ANSWER There are many reasons to protect your skin from the sun. Most people know that sun exposure increases the risk of skin cancer, sun damage and wrinkles. Melasma is another problem that plagues many people, especially women during their reproductive years.

Melasma is a skin condition in which brown patches develop, most typically on the face. These spots represent increased melanin, a skin pigment.

Melasma is harmless, but the patches can very much upset people. In some parts of the Caribbean and in Asia, people with melasma are sometimes stigmatized as having a mark of bad luck!

PIGMENT OVERRUN

Cells in the base layer of the epidermis (outer layer of skin) called melanocytes produce melanin. It's as a brown pigment that helps protect skin cells from the sun's ultraviolet light. People of all skin colors have the same number of melanocytes; darker people just make more melanin than lighter people.

Overly darkened areas of skin can result from an increased number of melanocytes (moles, for example) or an increased production of melanin (melasma, for example). People with darker skin seem to have more-sensitive melanocytes, so they're more



affected by melasma's pesky facial patches. Those with light-brown complexions from sunny climates, such as many Hispanic and Asian people, are particularly vulnerable.

In addition to sun exposure, hormonal changes contribute to the development of this condition. Melasma can appear during pregnancy (thus its old name "the mask of pregnancy") and is associated with hormonal birth control and thyroid disease.

Although much less frequently, men, too, can develop melasma. The condition may also run in the family or be associated with medications and cosmetics.

LOVES TO VISIT, SLOW TO LEAVE

For some lucky people, melasma will fade in the winter or if they simply stay out of the sun. Many more require treatment such as bleaching agents, azelaic acid or chemical peels. Other treatments reported to be useful include microdermabrasion and laser treatment. And if hormonal birth control is the cause, it may need



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to be discontinued.

Despite these options, melasma is an annoying condition because it tends to respond slowly, if at all, and tends to come back if the skin is not protected from the sun. (This includes sun avoidance, hats and daily application of sunscreen with an SPF of 15 or higher, with UVA protection.)

Not all new brown spots are melasma. Some may be life-threatening skin cancer. If new spots appear on your skin, a board-certified dermatologist should evaluate them to make the correct diagnosis.

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