

Up Close

A Look at Three Dermatological Cases

by Catherine McCuaig, MD, FRCPC



Université de Montréal

Question 1

How accurate are skin protection factors (SPFs)?

SPF ratings refer strictly to UVB penetration. SPF of 15 may protect from 94% of UVB rays. SPF of 30 may protect from 97% of UVB rays, however, these statistics refer to laboratory testing only.

People tend to spread sunscreen on thinly. It is best to use at least SPF 30, water-resistant, and re-apply frequently. SPF 15 to 30 lip balms may be applied to the area around the eyes to avoid stinging.

Sunscreens are useful, but are not complete blocks, although most of them screen out primarily UVB and the shorter UVA. Currently, the best methods of sun protection are natural—avoiding maximum UVB from 11 a.m. until 2 p.m. Seeking shade, wearing a hat and protective clothing are recommended.



Dr. McCuaig is an associate professor, Université de Montréal, and dermatologist, department of pediatrics, Hôpital Ste. Justine, Montreal, Quebec.

There are two broad categories of sunscreen:

- Physical (zinc oxide and titanium dioxide); and
- Chemical (formerly para-aminobenzoic acid, oxybenzone, cinnamate, parsol 1789, mexoryl).

Antioxidants are currently being added to sunscreens. These include vitamins C, E, zinc, selenium, and flavonoids (silymarin, soy isoflavones, grape seeds, and tea polyphenols).

Question 2

This 47-year-old woman presented with a swollen, painful wrist and tender swollen metacarpophalangeal joints. Feet were also tender along the metacarpophalangeal joints. **What's your diagnosis?**

The patient was diagnosed with rheumatoid arthritis, and requires oral systemic therapy, such as hydroxychloroquine, methotrexate, or Gold.

by Benjamin Barankin, MD



Dr. Barankin is a dermatology resident at the University of Alberta, Edmonton, Alberta.

www.stacomcommunications.com

WE'RE ON-LINE

The Canadian Journal of CME Continuing Medical Education

The Canadian Journal of Diagnosis

le clinicien

Cardiology

www.stacomcommunications.com

Question 3

This 82-year-old woman with a history of chronic lymphocytic leukemia developed disseminated pruritic red papules, vesicles, and pustules. What's your diagnosis?

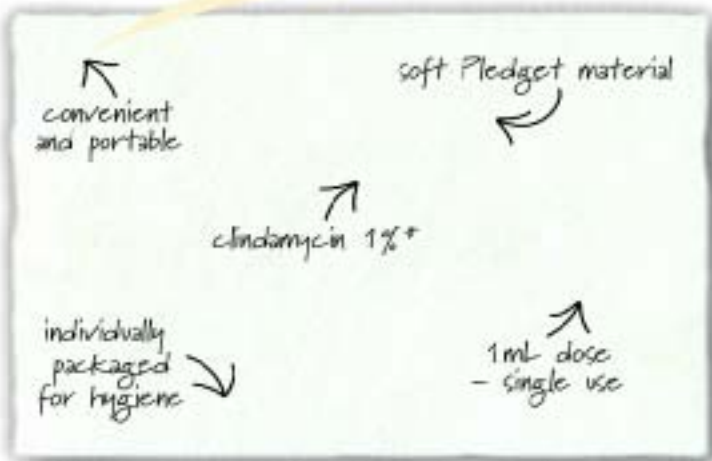
This is a case of disseminated herpes zoster. It should be treated with intravenous acyclovir, due to her immunocompromised state. For the greatest effect, acyclovir should be started within 24 hours of the appearance of pain or burning sensation, and preferably before the appearance of the characteristic blisters. Analgesics and cool wet compresses are often helpful.

Both ultraviolet A (UVA), 320 nm to 400 nm, and ultraviolet B (UVB), 280 nm to 320 nm, are photocarcinogenic, as well as stimulating pho-



toaging—wrinkling, dryness, hypo- and hyperpigmentation, and telangiectasia, atrophy (the latter three combined are called poikiloderma and are often seen on the sides of the neck). These changes are multiplied in a smoker. [CME](#)

A convenient touch in acne treatment...



combining
Proven Efficacy
with
Pledget Convenience

CLINDETS (clindamycin phosphate pledget) is indicated in the treatment of moderate acne vulgaris. CLINDETS (clindamycin phosphate pledget) is contraindicated in individuals with a history of hypersensitivity to preparations containing clindamycin or lincomycin, or any other component of the preparation, a history of regional enteritis or ulcerative colitis, or a history of antibiotic-associated colitis. For external use only. Not for ophthalmic use. If significant diarrhea occurs, the medication should be discontinued. The safety and effectiveness of CLINDETS in the pediatric population under the age of 12, pregnant women and nursing mothers have not been established.

* As phosphate in solution



Trace-mark
STIEFEL CANADA INC.
Montreal, Quebec H4R 1E1
SC1EDD3-02PCTTS798LLA-E

©2012

www.stiefel.ca



World Canada Inc.
Supports research in skin care through
a grant to the Canadian Dermatology Foundation.

