

Go to www.RutlandSkin.com to get the electronic version of this newsletter, so that you can gain easier access to referenced articles by directly clicking on the links.



Caring For Your Skin



Daniel P. McCauliffe, M.D.
Board Certified Dermatologist

Spring-Summer 2016

Welcome to the latest issue of the **Caring For Your Skin** Newsletter, that I write biannually to help keep my patients informed of the latest skin care advice, advances and other health care related information. In this issue, I address:

- 1) **Kybella is now available for treating "double-chins".**
- 2) **What we know about shrinking enlarged oil glands and pore size**
- 3) **Lyme disease – what you should know**
- 4) **Ways to lower your risk of cancer**

A new way to minimize an unwanted "Double-Chin"

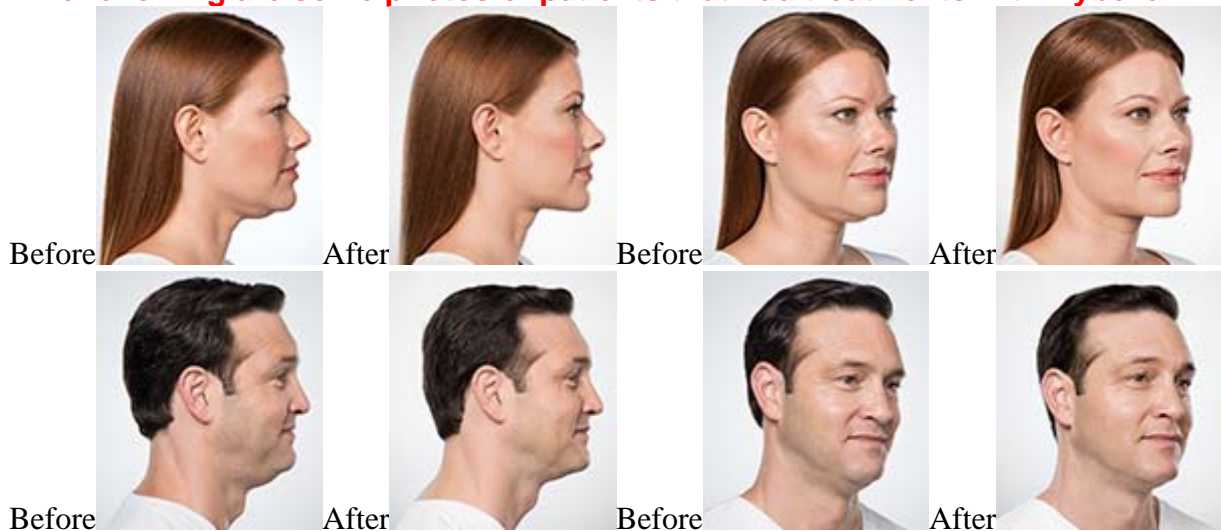


NEW 
kybella™
(deoxycholic acid) injection
CONTOURING REDEFINED
[Learn More](#)

The Rutland Skin Center is now offering Kybella® treatments for fat deposits under the chin (double-chin, also known as submental fat). Kybella® (deoxycholic acid) injection is the first and only FDA-approved injectable treatment that contours and improves the appearance of submental fullness ("double chin"). ***Kybella permanently reduces the number of fat cells in the treated area, so that there is no need for maintenance injections.***

Dr. McCauliffe, a Kybella trained provider, has injected patients with deoxycholic acid in the past and has seen that it truly shrinks fat deposits. He wrote about it when it was in still in the testing phase, 2 years ago in this newsletter: <http://www.rutlandskin.com/Newsletter-Spring%202014.pdf> Deoxycholic acid is the same molecule that our bodies produce to help digest fat that we eat in our diet.

The following are some photos of patients that had treatments with Kybella®.



Physicians are now free to use Kybella for treating fat in other areas besides the chin with FDA approval of "off-label" use.

To become eligible for a rebate coupon for \$100 off your first Kybella treatment, or \$200 off a combined Kybella and Botox treatment (during the same treatment session), sign up with Allergan's "Brilliant Distinctions" Rewards program (<https://www.brilliantdistinctionsprogram.com>). This will also make you eligible for an additional \$100 off your second Kybella treatment and give you points towards services which convert to money off through Brilliant Distinctions.

To qualify for the \$200 off Kybella/Botox treatment together or the \$100 off Kybella treatment only, your first treatment must be received **before July 31st**. To qualify for the \$100 off the second Kybella treatment, you must receive the second treatment **before September 31st**.

Also, each Kybella treatment is worth 400 points which convert to \$40.00 off your next treatment of Allergan products. Each Botox treatment is worth 200 points which convert to \$20.00 off your next treatment of Allergan products.

The cost for a treatment session is usually between \$600 and \$1,200, depending on the size of the area being treated. It typically takes between 2 and 4 treatment sessions, spaced out at least a month between sessions, for optimal results. Unlike filler, Botox and Dysport treatments, Kybella treatments are permanent so once the desired outcome is achieved, maintenance treatments are not required. However, if you gain significant weight, after Kybella treatment, what little fat that remains under the chin can enlarge to some degree.

Go to http://rutlandskin.com/#services_kybella and <http://consumers.mykybella.com/> for more information on Kybella treatments, including the risks and benefits.

If interested, call [802-773-3553](tel:802-773-3553) for a consultation to determine if you are a good candidate for Kybella. If you are a good candidate and elect to have treatment, the \$79 consultation fee will be applied toward the treatment cost.

What we know about shrinking large pores and oil glands



Although large facial pores are mainly determined by genetics and age, other factors like sun exposure can play a role. Pores are associated with oil glands that serve an important function of moisturizing our skin to keep it soft and hydrated. People with large pores tend to have thicker skin and more oily skin. As they get older they often develop visible oil gland bumps on their skin. These visible oil glands are called sebaceous hyperplasia. There is evidence that more oily skin does not appear to age as quickly as dry thinner skin.

While it isn't possible to permanently "shrink" large pores, there are a number of ways to make them less noticeable.

- 1) Exfoliation to remove dead skin and to prevent blackheads/clogged pores that can increase the size of pores. This can be done in a number of ways including acne washes like salicylic acid; exfoliants like glycolic acid; microdermabrasion, and exfoliating devices like Clarasonic.
- 2) Retinoids such as tretinoin (Renova, Retin-A) and tazarotene (Tazorac) that may effect both exfoliation, and skin thickening and possible affect oil gland size, particularly when given orally as in the case of isotretinoin (Accutane).
- 3) There is evidence that the medicine spironolactone can shrink oil glands and there are anecdotal reports of it also shrinking pore size.
- 4) Chemical peels that may effect both exfoliation, and skin thickening
- 5) Intense pulse light and laser treatments may temporarily diminish pore size but I am unaware of any strong evidence that they have permanent effects, despite the claims others have made.
- 6) Medical microneedling and laser treatments have been touted as a way of minimizing pore size but there is little data to support this claim.

It is possible to immediately diminish the size of visible oil glands. One of the quickest ways is with a fine epilating needle. With this procedure, a topical skin numbing agent is applied to the enlarged glands an hour before treatment. Then the very small needle is placed in the center of the oil gland and heated to flatten the bump. After treatment the treated areas are a little red and crusty, but within two weeks the area has flattened and looking more normal. Very large oil glands may need more than one treatment. Some of the glands may slowly recover over time and other new ones may appear, so some patients will have another treatment in several years. For more on this treatment and cost, see:

http://www.rutlandskin.com/#services_miscellaneous_fees

Lyme disease and other deer tick transmitted diseases

Blacklegged Tick (*Ixodes scapularis*)



adult
female



adult
male



nymph



larva



Deer ticks are responsible for causing Lyme disease. Deer ticks are most likely to bite throughout the spring, summer and fall seasons. However, tick bites occur during the winter season when temperatures are above freezing.

Did you know that prophylactic antibiotic treatment is recommended for deer tick bites?

In Vermont prophylactic antibiotic treatment is recommended if you have a deer tick that is estimated to have been attached to your skin for longer than 36 hours based on the time of exposure to a tick infested area, or if the tick is engorged. For more information see the link at the bottom of this page.

Do you know the signs and symptoms of early Lyme disease?

The onset of the signs and symptoms can be as early as 3 days after a tick bite, but usually appear 7 to 10 days later, and sometimes take up to a month. The early symptoms include:

- Non-specific flu-like symptoms, such as fever, chills, muscle and joint aches, headache and fatigue are common. Swollen glands may also occur.
- An expanding red rash that grows outward, occurs in up to 80% of people. It usually appears as an expanding red rash at or near the site of the tick bite; it is at least 2 inches in diameter; the classic "bull's-eye" appearance is less commonly present.

For some of the other symptoms of Lyme disease see the link at the bottom of this page.



Did you know that deer ticks less commonly transmit other infectious diseases to humans?

Anaplasmosis (formerly known as human granulocytic ehrlichiosis) and babesiosis are two less common diseases transmitted to humans by deer tick bites. Anaplasmosis can cause loss of appetite, diarrhea, anemia, an increased heart rate, and dark colored urine (<https://en.wikipedia.org/wiki/Anaplasmosis>). Babesiosis causes malaise, fatigue, anemia, and fever. <https://en.wikipedia.org/wiki/Babesiosis>

For more information on the diagnosis and treatment of Lyme disease see:

<http://rutlandskin.com/Lyme%20disease-prophylactic%20treatment.pdf>

Many ways to lower your risk of cancer

			Males	Females			
Prostate	180,890	21%			Breast	246,660	29%
Lung & bronchus	117,920	14%			Lung & bronchus	106,470	13%
Colon & rectum	70,820	8%			Colon & rectum	63,670	8%
Urinary bladder	58,950	7%			Uterine corpus	60,050	7%
Melanoma of the skin	46,870	6%			Thyroid	49,350	6%
Non-Hodgkin lymphoma	40,170	5%			Non-Hodgkin lymphoma	32,410	4%
Kidney & renal pelvis	39,650	5%			Melanoma of the skin	29,510	3%
Oral cavity & pharynx	34,780	4%			Leukemia	26,050	3%
Leukemia	34,090	4%			Pancreas	25,400	3%
Liver & intrahepatic bile duct	28,410	3%			Kidney & renal pelvis	23,050	3%
All Sites	841,390	100%	All Sites	843,820	100%		

Cancer is the leading cause of death in Vermont. Approximately 4 out of every 10 Vermonters will get cancer in their lifetime. Many factors predispose each of us to cancer. Some we can do nothing about, such as genetic factors that predispose us to get cancer. However much of the cancer that we get could be lessened if precautionary measures and lifestyle factors were taken.

Many cancers arise from personal behaviors including tobacco use, alcohol use, dietary factors, obesity, physical inactivity, overexposure to sunlight and use of tanning lights. We can significantly lower our risk for cancer by avoiding risky behavior (smoking, tanning and excessive drinking), eating healthy and not over eating, exercising regularly, and daily use of sun-protective measures. **Close to half of all cancer deaths might be prevented.**

<http://www.nytimes.com/2016/07/06/upshot/helpless-to-prevent-cancer-actually-a-lot-is-in-your-control.html>



In addition there is substantial evidence that taking an aspirin a day can lower the risk for a number of cancers, including melanoma and colon cancer as discussed in our 2012 Spring newsletter: <http://www.rutlandskin.com/Newsletter-Spring%202012.pdf> and our Autumn 2014 newsletter: <http://www.rutlandskin.com/Newsletter-Autumn%202014.pdf>

Vitamin D may also lower the risk of some cancers <http://www.cancer.gov/about-cancer/causes-prevention/risk/diet/vitamin-d-fact-sheet> and there is evidence that nicotinamide, a form of vitamin B3, may lower the risk of non-melanoma skin cancers as discussed here <http://rutlandskin.com/Newsletter-Winter%202015-16.pdf>

Healthy living increases your well-being and increases the odds for a long life span. Go for it!

In closing, I hope you found items of interest in this issue of the *Caring For Your Skin* Newsletter. If you are not on the e-mailing list and would like to receive future newsletters via e-mail, or would like to have a particular topic covered in a future newsletter, e-mail your request to C4YSkin@gmail.com



Hope you have an enjoyable & summer, and, as always,
don't forget to protect your eyes and skin from the sun.

DM

