

Comfort with Care: Dermatology for Ethnic Skin

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Objectives

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- Define ethnic skin/skin of color
- Discuss skin conditions affecting ethnic skin
- Discuss hair conditions affecting ethnic skin
- Discuss cosmetic considerations in ethnic skin

Defining Skin Color

- Ethnic skin or skin of color
 - Broad range of skin types and complexions that characterize individuals with darker pigmented skin
 - Includes African, Asian, Latino, Native American, and Middle Eastern descent
 - Encompasses skin types IV - VI

COMMON SKIN CONDITIONS IN ETHNIC SKIN

- Skin cancer
 - Non-melanoma skin cancer and melanoma
 - 4-5% of all cancers in Hispanics
 - 1-4% of all cancers in Asians, Asian Indians and African-Americans
 - Less common in dark-skin however has greater morbidity and mortality
 - Risk factors
 - Ultraviolet (UV) radiation from sunlight
 - Scarring processes/chronic injury (e.g. burns, non-healing leg ulcers, skin lupus)
 - Depressed immune system

Skin Cancer

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- Non-melanoma skin cancer:
 - Flat or raised
 - Shiny, red, pink or brown
 - Asymptomatic or painful
 - Bleeding, scabbing
 - Growing, changing
 - Can occur anywhere on the body

Skin Cancer

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- Melanoma:
 - Dark brown to black
 - Flat, raised or ulcerated lesions
 - Asymptomatic or painful
 - Feet, palms, fingernails, toenails, and inside of the mouth
 - Can travel to other parts of the body (metastasize)



Skin cancer

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Melanoma:

- **A**symmetry
- **B**order irregularity
- **C**olor variation
- **D**iameter
- **E**volving

Pigmented nail bands

Melanonychia (nail streaks):

- Occurs more commonly in dark-skinned individuals
- Nearly all Afro-Caribbeans will develop black-brown pigmentation of the nails by the age of 50
- Melanocytic (pigment) activation or hyperplasia



Pigmented nail bands

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Melanoma:

- **A:** Age >50 years old
- **B:** Brown/black, blurred borders, breadth
- **C:** Change
- **D:** Digit: single digit
- **E:** Extension of pigment into nail fold
- **F:** Family or personal history of melanoma



Effects of the sun

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- Ultraviolet (UV) light causes damage to the skin
- It is a myth that individuals of color do not need to use sunscreen
- Although skin of color does not burn easily, UV rays still cause damage
 - Skin cancer risk
 - Accelerates the aging process
 - Worsens pigmentary changes
- Sun damage adds up over a lifetime



Sun Protection

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- Sun protection
 - Avoid the sun between 10 AM and 2 PM
 - Stay in the shade
 - Stay away from surfaces that reflect the sun's rays (e.g. sand, snow, and water)
 - Wear broad-brimmed hats, long sleeves and pants
 - Use sun blocking films on your car and home windows
 - Never use tanning beds
 - Eat a healthy diet that may include vitamin supplements to get Vitamin D safely
 - Use **sunscreen** every day (year round)

Choosing a Sunscreen

How to choose a sunscreen:

- Sun Protection Factor (SPF) > 30
- “Broad-spectrum”
 - Parsol 1789 (avobenzone), titanium dioxide, zinc oxide or Antihelios (mexoryl)
- Sunscreens with ‘micronized’ or ‘transparent’ zinc oxide may be more cosmetically acceptable in skin of color
 - (e.g. EltaMD® UV Clear, e.t.c.)
- You may need to try different sunscreens before you find one you like

Choosing a Sunscreen

How to apply sunscreen:

- Apply to dry skin about 15 minutes before going outdoors
- One ounce (30 ml) should cover the exposed areas of the body
- Put on more sunscreen every 2 to 3 hours
- Re-apply after swimming or sweating

Dry skin

- Dry Skin (xerosis)
 - Common skin problem that affects all ages
 - Worse in the winter/dry season
 - Skin becomes rough, scaly, cracked
 - Commonly itchy
 - Causes
 - Lack of water in the top layer of the skin
 - Hot water, or harsh soaps/chemicals
 - Aging and sun damage

- Treatment
 - Shower or bathe daily for under ten minutes with lukewarm water
 - Use mild soap (avoid scented soaps and bath oils)
 - Camay®, Dove®, Tone®, Neutrogena®, Purpose®, Oil of Olay®, Cetaphil®
 - Pat yourself dry with a towel gently and leave your skin slightly damp
 - Use moisturizing cream or ointment right away (avoid lotions)
 - Cetaphil Cream®, Vanicream®, Aquaphilic®, Eucerin®, Aquaphor®, or Vaseline®
 - If dry skin affects the hands, always reapply creams after handwashing

- Acne vulgaris
 - Acne is a common skin condition seen in skin of color
 - Usually starts in the early teens and can continue into adulthood
 - Face, chest, shoulders and back
 - Comedonal, inflammatory and cystic types
 - Mild, moderate and severe types
- Complications:
 - Can lead to significant postinflammatory hyperpigmentation and scarring

- Causes of acne:
 - Clogged pores
 - Increased oil production
 - Inflammation (redness and irritation)
 - Bacteria (*Propionibacterium acnes*)
- Exacerbating factors:
 - Squeezing, scrubbing or picking
 - Greasy products (skin/hair products)
 - Hormones
 - Pressure on the skin: sports wear, helmets, cell phones



Acne

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- Skin care and acne prevention tips
 - Prevent dark spots and scars by treating acne early
 - Be gentle with your skin
 - Avoid manipulation of acne (no picking!)
 - Skin care products
 - Sun protection is important



- Treatment Options:
 - The goal of treating acne is to clear the existing lesions and prevent new breakouts
 - This can take some time (6-8 weeks) to respond to treatment
 - It may be necessary to continue treatment to keep your skin clear long term
 - There are many different treatments depending on the type of acne
 - Benzoyl peroxide, topical antibiotics, oral antibiotics
 - Retinoids
 - Hormonal agents

- Melasma
 - Dark patches on sun-exposed areas of skin
 - Common in premenopausal women of color
 - Family history of melasma
 - Brown patches can occur on the forehead, cheeks, upper lip, and nose
 - Underlying causes: genetics, hormones, and sunlight
 - Shade of brown is in part determined by the depth of pigment in the skin



Melasma

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- Treatment options for melasma
 - Unfortunately, there is no cure for melasma
 - Melasma is hard to treat for many reasons:
 - Color can darken with sun exposure
 - Topical medicines do not work well if pigment is deeper in the skin
 - Daily use of sunscreen
 - Topical lightening agents (e.g. hydroquinone)
 - Chemical peels and laser

HAIR DISORDERS IN ETHNIC SKIN

Pseudofolliculitis Barbae ('razor bumps')

- Pseudofolliculitis barbae (PFB)
 - Primarily affects men
 - Chronic inflammatory disorder of the beard area
 - Rash caused by reaction to ingrown hairs
 - When curly hairs are shaved, they can curl back around and the sharp tip can poke the skin
 - This causes inflammation that results in bumps

Pseudofolliculitis Barbae ('razor bumps')

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- Pseudofolliculitis barbae (PFB)
 - Small red or dark brown bumps around hair follicles in the beard area
 - Bumps cause discoloration and dark marks (post-inflammatory hyperpigmentation)
 - Bumps can cause scarring including thick scars such as keloids

Pseudofolliculitis Barbae ('razor bumps')

- Treatment
 - Stop shaving or plucking hairs (not possible for many people)
 - Electric clippers set to 0.5 to 1mm in length to trim beard
 - Chemical hair removal products (can cause irritation)
 - Modify shaving habits
 - Prescription topical medications to reduce inflammation
 - Laser-hair removal and/or prescription cream to decrease hair growth



Pseudofolliculitis Barbae ('razor bumps')

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- Good shaving habits (preshave regimen)
 - Longer facial hairs should be trimmed to about 1–2 mm with an electric clipper or trimmer
 - Wash face with warm water and a mild cleanser
 - Warm damp towel should be applied to the face for several minutes
 - Entrapped or ingrown hairs should be gently dislodged with a bristle brush or coarse washcloth
 - Shaving cream or gel should be applied liberally



Pseudofolliculitis Barbae ('razor bumps')

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- Good shaving habits
 - Use sharp razors
 - Shave in the direction of hair growth ('with the grain')
 - Do not pull skin taut while shaving
 - Shave areas in one pass with soft strokes

Acne Keloidalis Nuchae

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- Acne keloidalis nuchae (AKN)
 - Chronic condition lasting many years
 - Occurs mostly in Black young men
 - Present as itchy bumps on the back of the neck
 - Mechanical irritation may worsen disease
 - Bumps develop keloid-like scars and patches of hair loss

- Treatment
 - Unfortunately there is no way to prevent or cure this condition
 - Goal is to prevent and minimize disease progression/worsening
 - Avoid mechanical irritation (e.g. shirt collars, hats, and scratching/picking/rubbing)
 - Avoid short haircuts and trauma from razors/electric hair clippers
 - Recommend topical antimicrobial cleansers
 - Topical or injectable steroids, other prescription creams and oral medications
 - Large keloidal plaques may need surgery

Seborrheic dermatitis

- Seborrheic dermatitis ‘dandruff’
 - Chronic inflammatory condition
 - Occurs on the scalp, face, & chest
 - Can affect infants (cradle cap), children and adults
 - Itchy, dry, flaky
 - Exact cause is unknown
 - Sebum from sebaceous glands (potent attractant of dirt, dust and other pollutants)
 - Malassezia yeast on skin
 - Genetic susceptibility
 - Build up of hair products on the scalp can cause irritation
 - Oils on the scalp can mask the scaling and result in more irritation



Seborrheic dermatitis

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- Treatment
 - Cleanse hair at least every 1 to 2 weeks
 - Anti-dandruff shampoos
 - Less drying options include ciclopirox shampoos or over-the-counter sulfate-free shampoos with salicylic acid, sulfur, and zinc pyrithione
 - Use only on the scalp and rinse out completely
 - Follow with regular moisturizing shampoo and conditioner to hair
 - Pre-shampoo oil treatment and leave in conditioner can minimize dryness
 - Use emollients/oils on the hair shaft only
 - Prescription oil-based topical steroids

Traction alopecia

- Caused by repeated pulling on the hair from hairstyling or hair care
 - Individual braids, cornrows, extensions/weaves, locks, high ponytails
- Presentation
 - Raised bumps around hair
 - Hair thinning in areas of tension (commonly frontal hairline)
- When identified early, the styling can be modified and hair will regrow
- However, over time, traction alopecia can lead to scarring and become irreversible

Traction alopecia

- Management
 - Avoid styles that put tension/traction on the hair
 - Make sure braids and cornrows are not too tight
 - If it hurts while your hair is being styled, ask the stylist to stop and redo
 - Avoid excessive volume or weight of hair extensions/weaves
 - Wear light-weight, shoulder length extensions/weaves
 - Rotate the pattern of braided and twisted hairstyles
 - Use 'no damage' hair hosiery instead of rubber bands or elastic holders
 - Avoid sleeping in rollers; opt instead to wrap or pin curl the hair at night
 - Wear weave/extensions for 2-3 months at most
 - Remove and replace braids every 4-6 weeks
 - Use a well-trained professional

Hair fragility

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- Afro-ethnic hair
 - Easily forms knots
 - More likely to break
 - Develops frayed tips
 - Lower water content
 - Lower amounts of sebum (natural protective oils)

- Acquired trichorrhexis nodosa
 - Response of the hair shaft to extrinsic or environmental insults
 - Heat – dryness, bubble formation, weak points, split ends
 - Chemical relaxers – loss of tensile strength or hair shaft, increased hair fragility
 - Styling products – reduced tensile strength, increased fragility
 - Results in hair breakage or lack of growth

Hair fragility

- Because hair is non-living tissue, total repair of the hair shaft is not possible
- Treatment involves protecting the hair shaft and minimizing further damage
- Minimizing damage:
 - Avoid styles that put tension/traction on the hair
 - Minimize heat damage to the hair
 - Heat protecting product before styling, low heat setting, ceramic combs or irons, treat hair no more than 1-2 times/week
 - Minimize chemical relaxer damage to the hair
 - Only apply to new growth, non-lye base relaxers, mild relaxer, space out application to every 6-12 weeks
 - Minimize damage from styling products
 - Minimize combing and grooming once styling product is in place, wash out products regularly, avoid hairstyles needing these products
- Obtain regular trims (every 8-12 weeks)
- Use well trained professionals

Healthy Hair Regimen

- Shampooing
 - Proper and regular cleansing is necessary to maintain healthy hair and scalp
 - Hair should be cleansed 1–4 times per month depending on hair type
 - Avoid drying shampoos as this can lead to increased fragility and breakage
 - Use shampoos that contain nonionic surfactants
 - Consider co-washing (however still need to shampoo once monthly)
 - Shampoo should be focused mostly on the scalp
 - Preshampoo oil treatments can prevent damage from surfactants

Healthy Hair Regimen

- Pre shampoo treatments
 - Applying oil to the hair prior to shampooing can protect the hair
 - Repeated swelling of the hair with water and drying causes damage
 - Some oils (e.g. coconut oil) when applied to wet hair can decrease moisture and protein loss
 - Regular prewash application of oils is recommended for those with dry or damaged hair

Healthy Hair Regimen

- Conditioning is the most important component of a healthy hair care regimen
- Formulated to mimic the action of sebum
- Types of conditioners
 - Rinse-out conditioners
 - Deep conditioners ‘masks/masques’
 - Leave-in conditioners
 - Protein-containing conditioners and protein treatments

Healthy Hair Regimen

- Post-wash ‘Soak and smear’ treatments
 - 1. Shampoo and/or condition the hair as normal
 - 2. Lightly blot the hair with a towel
 - 3. Apply a water-based leave-in conditioner to the hair
 - 4. Immediately apply a hair oil (e.g. coconut oil, olive oil, jojoba oil, etc)
 - 5. Allow the hair to air dry and style as desired

Exercise and hair care

- African-American women are **least likely** to meet recommended physical activity guidelines
- ~40% report avoiding exercise due to hair style
- Consider selecting hair styles to accommodate exercise:
 - Ponytail, cornrows, braids or natural hairstyles
 - Scarf or hair wrap

COSMETIC DERMATOLOGY IN ETHNIC SKIN

Dermatosis Papulosa Nigra

- Dermatitis papulosa nigra (DPN)
 - Benign skin growth
 - Multiple, brown to black, small, firm bumps
 - Commonly affect the face (cheeks, forehead) and neck
 - Common cosmetic concern in skin of color
 - Treatment with hyfrecation of low settings
 - After treatment area is red and swollen
 - DPN's will fall off within 3-7 days after treatment
 - Risks: scarring and post inflammatory changes



Laser Hair Removal

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- Laser assisted hair removal
 - Lasers can be used to remove unwanted hair
 - Laser targets the pigment in the hair follicle
 - Does not work on white or light hairs
 - Long-pulsed Nd:Yag (neodymium-doped yttrium aluminium garnet) laser can be safely used in darker skin types
 - This generates heat and destruction of the hair follicle

Laser Hair Removal

- Laser assisted hair removal
 - Treatments are performed every 4-6 weeks
 - Multiple treatments are needed (varies from person to person)
 - Excellent hair management program and leads to hair reduction
 - Not permanent and requires 'touch-ups'
 - Side effects: Minor pain with procedure, pigmentary changes, scarring (uncommon)

Laser Hair Removal

- Laser assisted hair removal
 - Before treatment:
 - Do not pluck, wax, or use electrolysis within six weeks of treatment
 - Do not use creams, sunscreen, or make-up on the day of treatment
 - Do not bleach hair
 - Can gently shave the day before treatment
 - After treatment:
 - Ice is used after treatment to cool the area
 - Hair is thin and lighter in treated sites
 - Treated hair will fall out in about two weeks

Other cosmetic concerns

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- Chemical peels
- Botox
- Acne scarring