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John Tracy:

Welcome to this edition of Patient Listening a Podcast service from Marshfield Clinic where we present health topics to you without all the technical jargon so you can get information that is easy to understand and useful to you in your everyday life.

Well summer is finally here. And balancing the desire to be outside all the time with the job of protecting your skin from the sun's harmful rays can be a tricky balancing act.

Especially for those that have a rare but very treatable condition often referred to as sun poisoning or more technically Polymorphous Light Eruption.

Joining me today is Dr. John Melski, a dermatologist, from Marshfield Clinic – Marshfield Center. John, could you elaborate on this condition for me?

Dr. John Melski:

Yeah another way to describe it would be a sun allergy. Most people have a good sense of what a sunburn is; bright red, painful skin. But a sun allergy is different because it produces a rash, and when you ask people what happens to them when they get too much sun, they will describe a sun burn, not describe it as a rash necessarily because it is uniform and red. As where you get a rash as you do with the sun allergy, it's different. It looks different, it is not solid red. It's typically quite itchy instead of painful, and it's a very unusual condition. However, it is probably one of the most common conditions and when I go to barbeques or other summertime gatherings, it's probably the most common thing I get asked about when they find out I am a dermatologist.

Tracy:

We live here in a northern climate. Does that contribute to this condition being somewhat more common around here?

Melski:

Probably so because it is an interesting problem. If it is a true sun allergy in the technically sense that we gave of polymorphous light eruption. It occurs in the spring, and so our particular climate that protects people more from ultraviolet light throughout the winter months and then re-exposes them in the spring seems to be a critical factor. Because as the summer wears on, if it is an ordinary summer, the problem becomes less and less; this is commonly referred to as hardening. The skin will harden as summer goes on so by the time people typically get a tan this is much less of a problem. If that does not happen and the problem just gets worse and worse, that's some concern that something else may be going on because when ultraviolet light comes into the skin, it changes its chemistry and actually makes it chemically different than it was before. The type of light that can do this is the full spectrum of light but especially what we call the long wave light; also known as UVA. It's UVB that causes the burning and that's not what B originally stood for but it's a nice way to remember it. UVB are the burning rays, UVA

light can be considered the aging light. And most of the sun allergies come from this long wave light, and it can even come through window glass. You don't get sunburn from window glass, but you can get some of these other types of reactions.

Tracy:

You mentioned children having much more severe cases than other people in different age groups. Can you explain why children are more susceptible to this than their older peers?

Melski:

I think that children will sometimes have much more severe reactions because children tend to overreact in general. They have fresh, healthy immune systems and if they are lucky enough to have an allergy, it's a doozy. Once we get older I think the immune system is modulated and will react accordingly whereas you might see a very severe reaction in children. That is not only true for the sun allergies but also for others such as insect bites which can be very traumatic because they are being exposed for the first time in their lives to some of the proteins and various other substances that are present in the insect bites. Interestingly that can occur to adults too as they move to different parts of the country and get exposed to different insects that their bodies aren't accustomed to. They can also get very vigorous reactions. So I think that like everything, there is a complex mix between what the exposure was, what the age of a person is, how intrinsically susceptible they are, and I'm sure there are genetic mysteries that are yet to be unwrapped in terms of why some people get it and why some people get it at a younger age or why some people get it at an older age. Based upon general experience, I would say I see it more commonly in young adults and in the middle years of life. I tend not to see it in the elderly. And children's tend to be more severe. In terms of the elderly, it is hard to interpret that because not only does the immune system shift and change as we get older but also older people tend to have less extreme recreational exposures to the sun which tend to bring this out. But the nice thing about this condition, the sun allergy as we are calling it, is that for most people it's not a devastating problem. For most people, it's really annoying, and that is about it. And it can usually be treated pretty easily with mid-level cortisone. Usually the ones you can get without prescription are not strong enough to help but sometimes they do and it's certainly worth a try. The strongest cortisone you can get without a prescription is 1% and if that is put on after a cool soak or a nice cold shower, and it's smeared over the affected area; that might be just fine. And if not the family physician or primary care provider could prescribe a medium strength cortisone cream to help get over the hump before the skin hardens naturally on its own.

Tracy:

In a mild case, maybe, maybe not come to the doctors' office?

Melski:

Right. I would say that dermatologists are doctors who treat rashes that don't go away with 1% hydrocortisone. So I say with some exception that you wouldn't want to use if for long periods of time around your eyes, but for the most part you can get these rashes to quite down on a mild preparation that is available without prescription. You probably

don't need specialty care. There are people who for whatever reason get much more severe reactions and rarely we have to move over to internal treatments. That would be uncommon or an exceptional case. So I think that this problem should be approachable either with self treatment as we described or I think most primary care physicians would be comfortable with the level of treatment needed to help this kind of condition. I think the tricky part for primary care physicians would be recognizing it. And being comfortable and confident that it is not something more serious or some sign of another illness. Cause when we think about sun induced rashes we are biased towards thinking about the more serious and somewhat more unusual rashes and may not be comfortable enough to say "oh this is a simple case of sun allergy. We don't have to get too worried about it."

Tracy:

When do you make that determination? Is it on site or is it after treatment, you're treating it for a few days and it doesn't go away? Or is it even after it goes away and comes back?

Melski:

Right. I think that the important thing is to have an expectation that this should be a one time thing after the sun exposure. And it should be getting better, with or without treatment on its own. And so if things aren't getting better, it needs to be looked at more closely. If it's very unusual, if there is facial involvement, certainly people feel sick. That's an indication that this could be something else. If it keeps coming back with more or less the same signs, throughout the summer months, that's unusual and not the typical signs of sun allergy and that probably needs to be reevaluated. But I think it is a fairly common condition and most people aren't seriously affected. I think only a fraction brings it to their doctor's attention. Or they may make an appointment but by the time they get in it's gone and then they forget about it until the next spring.

Tracy:

So it can heal itself?

Melski:

Absolutely

Tracy:

So it really comes down to prevention. What can a person who may have experienced this before do to avoid it?

Melski:

Well I think that, for example, when someone gets this only once with very severe exposure, that is pretty much a no-brainer. Don't do it! We are big advocates of trying to protect people from excessive sun exposure. And if that is the indication, then you should really try and avoid it. Remember that sun protection involves three things; one is avoiding the peak sun hours when your shadow is shorter than you are, number two is wearing protective clothing such as hats with brims and tightly woven fabrics that fit loosely and reflect the light, and sunscreens are last. If you are going to rely upon

sunscreens for this condition, you have to read the labels. And for a least a year from now when the food and drug administration will be relabeling all sunscreens with a four star rating down to a one star rating for UVA protection. Right now, you have to read the labels. There is no standard labeling and sometimes it will be described as; full spectrum, broad spectrum, UVA protection, long wave light protection. And all of these are varying ways to describe which ultraviolet light is blocked that would trigger this reaction. So you have to read the fine print. Remember that the numbers that are printed on the sunscreen refer to sunburn protection and that might not be the primary problem here. In fact, it is not the primary problem; you have to block the UVA ultraviolet light. So that would be important.

Tracy:

Thank you very much. That is all we have time for for this show. Next time we will visit with Ear, Nose, and Throat specialist Dr. Andrew Urquhart and talk about the recent recognition of one of the top 50 Ear, Nose, and Throat centers in the United States that he and his team, along with the support team at Ministry Health Care St. Josephs Hospital in Marshfield, recently received.

That's all we have for this episode of Patient Listening. . Patient Listening is a podcast service of Marshfield Clinic and is produced by the Corporate Communications Department. To subscribe to this program, visit our website at MarshfieldClinic.org/podcasts. On behalf of Dr. Melski, I'm John Tracy, thanks for listening.