A holistic approach in treating chronically sun damaged skin.

An accumulation of an elastotic material is a major histological characteristic of sun-damaged skin. This elastotic material consists primarily of elastin fibers. Histological studies show loss of collagen in the dermis of chronically sun-damaged skin. There is a significant correlation between decreases in length, width and total area of oxytalan fibers and severity of wrinkles.

Peter, a 62 years old Caucasian man, presented with extensive sun damaged skin. On assessment his DLQI score was determined as 24. He was embarrassed of Lichenification of facial skin appearance. His facial skin was covered in deep wrinkles and uneven brown patches. He was diagnosed with severely sun damaged skin, AK, possible Rosacea and depression. He underwent a psychodermatological management concurrently with dermatology treatment.

His dermatological treatment combined both: oral medications and cosmetic interventions. He was prescribed a Lymecycline 408mg OD followed by Metronidazole. He had 3 sessions of TCA-chemical peel in order to remove elastotic accumulation 3 weeks post starting taking oral antibiotics. Peter had one session of microneedling and one session PRP (Platelet Rich Plasma) to promote regeneration of a new skin cells.

His depression resolved within 4 months’ with taking Prozac 20mg OD and CBT therapy sessions. Peter regained his confidence with smother and more even facial skin as opposed at the beginning of his treatment.

A holistic approach is necessary when multi- skin damage is presented with consideration of the effect of skin disorders and mental state. The DLQI was designed to be simple and easy to use in a busy clinical setting: wide experience of its use has confirmed the appropriateness of this concept.

Melanoma, SCC, BCC and rosacea should not be missed or taken mistakenly by similar presentation of sun damage lesions in initial assessment and consultation.