



enhanced aesthetics

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Skin Disease

At *Enhanced Aesthetics*, Dr. Kerry and his staff evaluate, diagnose, and care for many skin diseases as described below.

Cancer Screening is carried out on new patients and at yearly intervals on regular patients, as they desire, looking for cancerous lesions or following abnormal areas looking for changes. Protection against skin cancer is emphasized and discussed in detail under [Skin Cancer](#) and [Sun Solutions](#).

Acne Vulgaris is a common skin condition predominantly of the face, upper back and chest that occurs among adults and teenagers. It is due to androgenic stimulation of the sebaceous glands, which then produce too much oil (sebum). Excess sebum or oil is too sticky for normal desquamation and the pores become clogged. It is characterized by open comedones (blackheads), closed comedones (whiteheads), papules (pimples), pustules and cysts (deeper boil-like inflammations).

Eczema, also known as atopic dermatitis, is a chronic skin disorder categorized by scaly and itching rashes. Eczema often runs in families, but it cannot spread from one person to another. Itching is the most common symptom. Sometimes itching blisters form. When these blisters burst, or when scratching damages the skin, the surface may be left moist and crusty. With treatment, the symptoms of eczema can be reduced, although the skin will always be sensitive to flare-ups and need extra care.

Fungal Diseases are common infections of the hair, skin and nails resulting from microscopic fungi that live off the dead superficial layer of skin leaving crusty, scaly patches. Risk factors for developing ringworm include direct contact with active lesions on someone else (or a pet), weakened immune system, or life in a warm, humid climate.

Tinea Versicolor usually affects the upper trunk and produces various types of hyper- or hypo-pigmentation.

Tinea Capitis (Scalp Ringworm) is a very common fungal infection, especially among children.

Tinea Pedis (Athlete's Foot) is a superficial fungal infection of the foot. It is commonly picked up in communal showers and swimming pools. It can become very annoying and debilitating. Several types of treatment may be helpful.

Psoriasis is characterized by white scale on erythematous papules or plaques. Early involvement is often in the scalp. Distribution is highly variable. One characteristic pattern is that of chronic plaques on the elbows and knees. Chronic lesions on the lower trunk and lower extremities may become thick, verrucoid, and fissured.

Seborrheic Dermatitis is a common scaly macular eruption that occurs primarily on the face, scalp (dandruff), and other areas of increased sebaceous gland secretion. The lesions are covered with a slightly adherent oily scale and characterized by scaling and itching.

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Viral Infections

Viral infections may occur anywhere, and treatments are individualized for warts, molluscum contagiosum, skin tags, and other various types of viral infection.

Herpes Simplex is an infection caused by the herpes simplex virus. The virus causes painful small blisters on lips, gums, tongue, roof of the mouth, and inside the cheeks. Rarely, herpes can cause serious illness and can affect pregnancy. Most sores are recurrent, tend to reappear at or near the same location, and may be communicated. **Herpes** may also occur on the genital areas often with variations of the treatment.

Warts are small benign tumors of the skin caused by human papilloma virus (HPV). Most warts are painless, well defined small lesions with skin thickening. There are two main types, the cutaneous nongenital warts and the anogenital warts. Three common types are called common warts (verruca vulgaris), plantar warts (verruca plantaris) and flat warts (verruca plana).

The diagnosis may be established by seeing a small flesh-colored hyperkeratotic firm papule. When the superficial layer is shaved off a small red, brown or black dot may be noted, which is a thrombosed blood vessel. While a callous may appear similar, shaving off the top does not reveal the small colored dot.

Diagnoses should be confirmed by a physician and the treatment individualized. To summarize the different treatments employed by **Dr. Kerry**:

Cutaneous Nongenital Warts:

These may resolve spontaneously within months to a few years but new ones may form in new areas while waiting.

Salicylic acid or lactic acid in collodion solutions applied daily-may be purchased at a pharmacy.

40% salicylic acid plaster (Mediplast) before using solutions for large lesions- may be purchased at a pharmacy.

Cryosurgery-freezing the wart with a 1-mm to 2-mm margin as frequently as every 4 weeks until complete resolution.

Curettement (curettage) - to debulk the wart 'followed by electrosurgery' for large warts. This has been the 'most successful' in my experience but no treatment is 100% successful.

Self-surveillance is important so lesions can be found and treated early when success is more likely, easier, less painful, and less expensive.

Prevention of new lesions should always be kept in mind. Patients should wear flip flops or shoes to help prevent picking up this virus. Any cuts or breaks in the skin of the hands and elsewhere should be healed and protected as soon as possible as the virus that causes warts is "lurking" everywhere, and warts usually start when there is a break in the skin.

Anogenital Warts:

The above and/or imiquimod 5% cream (Aldera) applied 3 times/wk at bedtime and washed off in 6-10 hours for up to 16 weeks. A first-line treatment that can be used at home.

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