A better understanding of the US population’s interest and means of accessing information regarding skin cancer is essential to improving educational and preventive initiatives. The use of the Google Trends application provides a novel means for determining this interest. Because the US population seeks information regarding skin cancer at a greater level during the summer months, this might be the most efficient time for educational and public health initiatives.

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Indoor Tanning Devices in Student Apartment Complexes: A Study of 2 Texas University Communities

Indoor tanning increases the risk for melanoma and nonmelanoma skin cancer.1-2 It is popular among college students; researchers estimate that 43% of university students had used indoor tanning in the prior year.3 A recent study of 125 US universities found that nearly half had indoor tanning available on campus or at apartments near campus, 96% of which offered indoor tanning without charge.4 We investigated the prevalence of apartments offering on-site free tanning as well as adherence to Texas state law prohibitions against indoor tanning for minors at The University of Texas at Austin (UT Austin) and Texas A&M University (TAMU). Specifically, we assessed compliance with the Texas Administrative Code that outlaws the use of indoor tanning devices by minors.5

Methods | We used the websites google.com, apartmentguide.com, collegesstudentapartments.com, and daftlogic.com to find apartments within a 5-mile radius of the center of both campuses. From June 17, 2014, through July 30, 2014, one of us (D.B.) called each apartment to ascertain the approximate number of residents in the building who were students, whether free indoor tanning was offered, and whether indoor tanning for minors was allowed. This was not considered human subjects research, and the Institutional Review Board of the Office of Research Facilitation, Seton Family of Healthcare waived the requirement for approval.

Results | Fifty percent (12 of 24) of apartments within 1 mile of UT Austin and 31% (22 of 72) within a 2-mile radius of TAMU offer free on-site indoor tanning. Within a 5-mile radius, more than 11 500 renters near UT Austin and 17 500 renters near TAMU have access to free indoor tanning on site. Most of these locations were apartments with predominantly undergraduate and graduate students. Of these apartments, 18% (3 of 17) and 32% (8 of 25) near UT and TAMU, respectively, of personnel answered that no consent was needed for a 17-year-old to use the tanning facilities and 53% (9 of 17) and 48% (12 of 25), respectively, answered that minors were allowed to use the tanning facilities with parental consent. Only 1 of 17 and 1 of 25 apartment personnel at UT and TAMU, respectively, knew that use of indoor tanning facilities was prohibited for minors.

Discussion | Dermatologists have been effective in calling attention to the dangers of tanning salons for noncompliance with state and federal legislation.6 Our investigation suggests that noncompliance is also problematic when apartment buildings have indoor tanning beds and booths operated by office staff whose primary job is not monitoring these devices. The majority of employees that we questioned did not adhere to the Texas state regulation banning access to indoor tanning facilities to minors. This phenomenon of free on-site tanning in apartment buildings is substantial—more than 29 000 renters in close proximity to UT Austin and TAMU campuses have such access. When students go to college they are exposed to a plethora of risk behaviors. We can now add indoor tanning to this list.
Parthenium Dermatitis
With Deck-Chair Sign

Deck-chair sign is a clinical pattern observed in patients with erythroderma characterized by a selective sparing of skin folds like axillary, inguinal, submammary, and flexures, classically described with papuloerythroderma of Ofuji (PEO). Herein we describe a case of parthenium dermatitis in which deck-chair sign was noted.

Report of a Case | A 75-year-old man from India, a farmer by occupation, presented to the dermatology department for evaluation of generalized itchy red skin eruptions present for 1 month. He had 5-year history of recurrent episodes of pruritic nonexudative erythematous papules on the face, neck, and hands, symptoms worsening in the summer months. He also had a history of regular contact with parthenium during his work. Patient did not have a personal or family history of atopy. There were no constitutional or systemic symptoms. Physical examination revealed widely spread erythematous papules, many of which were coalescing to form plaques. Well-demarcated sparing of abdominal folds, preaxillary folds, and genital areas was noted, producing deck-chair sign (Figure). Findings of systemic examination were unremarkable.

Patch testing with 15% parthenium showed a 2+ positive reaction to parthenium. He was treated with topical and systemic steroids on a tapering dose along with sunscreens and emollients. Oral methylprednisolone was prescribed, 32 mg/d, which was tapered by 4 mg every week. The prescription was later switched to azathioprine, 50 mg/d. Strict photoprotective measures were advised along with regular use of sunscreens.

Discussion | Parthenium hysterophorus can produce a spectrum of clinical patterns. The dermatitis usually presents as itchy, erythematous, papules and plaques on exposed areas of the body like the face, including upper eyelids, side of neck, the “V” of the upper chest, flexures of the forearms, and cubital and popliteal fossae. Parthenium dermatitis commonly begins as an airborne contact dermatitis pattern. Other patterns include chronic actinic dermatitislike, seborrheic dermatitis, prurigo nodularislike, photosensitive lichenoid eruption, and hands-and-feet dermatitis patterns. Repeated exacerbations are common due to con-