



Season 7, Episode 6

SOS: Saving Our Skin

[Teaser Clip]

Maayan Hoffman: *And does drinking water also?*

Dr. Vered Molho-Pessach: *No*

Maayan Hoffman: *help in any way?*

Dr. Vered Molho-Pessach: *No. Many people think that drinking water affects, but no.*

Maayan Hoffman: *But doesn't affect the moisture in your skin.*

Dr. Vered Molho-Pessach: *No.*

[End Teaser]

[Intro music]

Maayan Hoffman:

Hello and welcome to Hadassah on Call. New Frontiers in Medicine. I'm your host, Maayan Hoffman. We all know that when something happens to our skin, whether it's acne, eczema, or another condition. It doesn't just affect how we look, it affects how we feel as a mom. I've seen it firsthand. One of my daughters struggled with acne, another one with eczema. Both felt uncomfortable in their own skin, literally. And as a parent, I had to learn patience and empathy to help them through it. It's stressful, it's emotional, and it can take a real toll on confidence. But the good news is that today there are new treatments, better understanding, and of course outstanding doctors like those at Hadassah who help patients navigate these challenges and find real relief.

Maayan Hoffman:

So today we're diving into some of the most common skin conditions that affect us and our families, acne, eczema, and molluscum. And we're learning how to manage them for ourselves, our kids, and our grandkids. Because while we know we shouldn't judge a book by its cover, we still all wanna feel good about the skin we're in.

Joining me is the Hadassah dermatologist, professor Vered Molho-Pessach who has spent her career helping patients achieve healthier, happier skin. Welcome, professor.

Dr. Vered Molho-Pessach:

Thank you for inviting me.

Maayan Hoffman:

Of course. No, I wanna jump into your career. You've built a dermatology practice here at Hadassah. What first drew you into this field and what made you focus on the medical side of skin conditions?

Dr. Vered Molho-Pessach:

I don't have a very simple or easy answer. When I was in medical school, I really didn't know exactly what I wanted to do. And the exposure to dermatology was very limited during the studies when I graduated, I took rotation during the internship in the dermatology department and, while seeing patients I thought that it's really amazing that you can make a diagnosis very easily based on visual information. You see the patient and sometimes you know exactly very fast, very quickly, the diagnosis. But when I started residency, I still wasn't completely sure that this is the right place for me.

During the first year of residency, I had a few patients with very rare disorders. And I was able to reach the diagnosis by myself. I got really excited about it and at this point I told myself, you're in the right place.

Maayan Hoffman:

Wow. That's super cool. And obviously, there are many different kinds of, issues and challenges that you treat as a dermatologist from, as you said, the basic skin diseases all the way, I'm assuming, to skin cancer. For our viewers, which are mostly middle aged mothers, grandmothers they might be looking at their daughter or their grandchild and trying to decide if one of their family members need support. Now, there is this idea of eczema. You and I spoke about it earlier today, which is atopic dermatitis, I think called scientifically. What are the key red flags that one of the grandmothers or the mothers might see and say, ah, we think we should bring you to a specialist?

Dr. Vered Molho-Pessach:

Okay, so when you have, when your child has very dry skin, when your child itches constantly, when your child is not sleeping well. When your child has constant skin

Dr. Vered Molho-Pessach:

infections, that's for sure the right time to go to a, the right it's not just a dermatologist. You have to see a pediatric dermatologist and dermatologist that sees children and has expertise in treating children with atopic dermatitis.

Maayan Hoffman:

And with something like eczema, where does that generally appear on your body? Is that scalp, is that the rest of your body?

Dr. Vered Molho-Pessach:

It depends on your age. In infants, usually we see it on the cheeks, on the extremities, but on the extensor surfaces of the extremities. And during childhood, in adolescence and also in adults, usually we see it in the flexors, so in the neck. In the flexors of the extremities around the eyes.

Maayan Hoffman:

And is that something that's genetic or that you're born with or it's something you develop over time?

Dr. Vered Molho-Pessach:

Okay. It has a gene, you have a genetic tendency to develop it. There are also a lot of environmental factors that contribute to the fact that it appears in a certain individual. So you have the genetic tendency, but you also need something in your environment that triggers it. You're not born with it. Usually, we see eczema developing in the first two or three months of life, and most of the patients develop it during the first year of their life, like 50%. The rest of them during early childhood, but we also see adults that develop eczema and did not have a disease during their childhood.

Maayan Hoffman:

Is eczema something that can ever go away or is that something that you'll have for life if you develop it?

Dr. Vered Molho-Pessach:

Okay, so in infants and children. There is a tendency for the eczema to disappear or to become better with time. Statistics show that about 80% of the children will recover from eczema. We don't know exactly when, but during childhood at some point. But 20% of the patients will have it also as adults.

Maayan Hoffman:

And when people are in their forties or fifties. Are there any changes to the eczema that starts to happen?

Dr. Vered Molho-Pessach:

You do see more eczema in older patients, but I don't think 40 or 50 is the right age. Usually at 60, 70, 80, your skin becomes drier, thinner. And then you can see eczema appearing.

Maayan Hoffman:

And are there special considerations that those people need to keep in mind as they start to develop it at an older age?

Dr. Vered Molho-Pessach:

In all the patients that suffer from eczema have a tendency for dry skin. So we always instruct patients who suffer from eczema to use a moisturizer. We prefer thick moisturizers, not lotions or gels. And we recommend applying the moisturizer twice daily. We also recommend having very short baths because water dries the skin. So say something like five or 10 minutes in the bath. Then when you get out of the bath or the shower, you have to keep your skin a bit humid and apply the moisturizer on humid skin.

Maayan Hoffman:

And does drinking water also?

Dr. Vered Molho-Pessach:

No help in any way? No. Many people think that drinking water affects, but no.

Maayan Hoffman:

But doesn't affect the moisture in your skin. No. It's fascinating now with eczema in children, what are the practical lifestyle or home steps that mothers or grandmothers can take to help the child reduce the pain or the flares that they might have otherwise?

Dr. Vered Molho-Pessach:

Okay, so we already mentioned they use the regular use of a moisturizer twice a day, which is, it's not an easy task, but you have to do it. And the short bath or the short shower it's better to use cotton. Then other fabrics for clothing, for pants because it's, yeah, because it's less irritating for the skin. If you know that there are certain triggers that exacerbate the skin the skin condition in your child, so you have to try to avoid them. We know that many patients get worse when they when there is a warm environment. Using air conditioning in the room. Is something that you have, to keep the temp, the temperature not too high. It's also helpful.

Maayan Hoffman:

And all of that is external. So in other words, eczema, because it's external on the skin really, it's only what happens externally that impacts it. Is that correct, would you say?

Dr. Vered Molho-Pessach:

I don't think it's only external. There's a inflammation in your skin.

Maayan Hoffman:

Uhhuh. Okay. On the lower levels?

Dr. Vered Molho-Pessach:

In your skin there, there is definitely very high level of inflammation, and we also know that eczema is associated with other inflammatory or allergic conditions like asthma, food allergies allergic rhinitis, hay fever. Okay, so it's not only located to the skin. You can say that there are systemic effects of eczema. Usually in infants you start with eczema and then you see food allergy, appearing as asthma later, and hay fever when a child grows.

Maayan Hoffman:

So does that mean that when a child comes in, you're a pediatric dermatologist, so when a child comes in and you see a child with eczema, do you start to think maybe we should check for other things?

Dr. Vered Molho-Pessach:

Usually I ask about other allergic conditions or atopic conditions in the family and in the child itself. We know that there are very tight associations with other allergic conditions.

Maayan Hoffman:

Interesting. I wanna jump to another dermatological topic that I think interests many people, which is acne, certainly teenagers.

Maayan Hoffman:

But I understand that acne can also be something you develop as an adult. Why would adults develop acne?

Dr. Vered Molho-Pessach:

Usually, you see acne in adults that also had acne during their adolescence. Okay. It's not always true, but that's sometimes that you, sometimes you see an adult that had acne as a child or as an adolescent was treated, and then at some point it came back. Most commonly, we see it in, in women. We don't know the exact cause. Maybe there's a genetic tendency. Sometimes there are hormonal influences. Sometimes women that took birth control pills and stopped birth control pills, start having acne sometimes during pregnancy you see it.

Maayan Hoffman:

And does it look the same as teen acne?

Dr. Vered Molho-Pessach:

It can look the same in women sometimes we see in their thirties or forties, acne in the chin area. In the chin area.

Maayan Hoffman:

If you're enjoying this episode, you may also like our previous conversation with Dr. Yosef Caraco, at Hadassah Hospital Ein Kerem. In that episode we explore polypharmacy the often-overlooked risk of taking too many medications, especially as we age.

Prof. Yosef Caraco:

It is important. But when you say polypharmacy and you ask a patient, or he has heard about it, polypharmacy doctor, does that mean that I'm getting too many medications? And this is really risky because you would say, okay, you know. This yellow tablet. I mean, it's, maybe I won't take it because I'm taking too many medications, and I heard in news that polypharmacy is really dangerous for you.

So, this needs to be wise, and to be able to come to the conclusion about which medications you really need, which you don't need. And, and you have also to realize that even though elderly patients. Uh, make about today, right? Nowadays, about 13% of the population, they make about the fraction in the population who are considered to be with polypharmacy is more than 70%. So we need to take care of elderly patients right now.

Maayan Hoffman:

We also talk about drug evaluations, why different specialists often prescribe medications without communicating with one another and how side effects can spiral into what Dr. Caraco calls a cascade of prescriptions, where one drug leads to another and another.

And now back to our conversation with Dr. Vered Molho-Pessach, head of dermatology at Hadassah Ein Kerem

Maayan Hoffman:

And when you talk about treating adult acne, is it the same kind of treatment that you would see for teenagers or is it slightly different?

Dr. Vered Molho-Pessach:

You can start with the same treat. Usually, if it's acne that does not cause scarring. Usually, we start with topicals. We have topical antibiotics. We have topical OIDs, which are derivatives of vitamin A. And we have some topical anti-inflammatory agents. Sometimes we combine them. If there is no response, then we sometimes offer oral antibiotics to take for a few months. And if we still do not see a response, or if we see that there are scars, then usually we give Accutane.

Maayan Hoffman:

and that is a lot of side effects, correct?

Dr. Vered Molho-Pessach:

It has a lot of side effects, but it has a very significant influence on acne and it's disease modifying because usually after you finish a course of Accutane, your skin clears. And I, I can't say in most, in all the patients, but in most of the patients you do not have acne anymore. So it's like a cure.

Maayan Hoffman:

Wow. So tell me in terms of timeframe, if somebody would need a treatment like this, how long does it take from the time that treatment starts until the acne goes away?

Dr. Vered Molho-Pessach:

With Accutane?

Maayan Hoffman:

Yeah.

Dr. Vered Molho-Pessach:

Okay. So usually it's about, on average five months of treatment. Usually we start with a lower dose during the first month because there is exacerbation. When you start the treatment so you can get more pimples in the first month, and then every, if everything is okay and the blood tests are fine, then we increase the dose and we usually treat for five, six months. The right time to stop the treatment is if you have a few weeks, about a month without any pimp, without any new pimples appearing.

Maayan Hoffman:

And now you and I also spoke about a disease called Molluscum. Tell us Molluscum. Yeah. Tell us what that is.

Dr. Vered Molho-Pessach:

Okay. It's a very common viral infection in children. Usually, the age of between the age of two or three till middle school. You get these small translucent papules on your skin. It can be anywhere on your skin, and once you have one lesion, you can get more because you infect yourself. You can also infect your siblings and your friends. And it's more contentious in humid environment. So in, in the pool or in the shower or in the bath, if you bathe with the sibling, then there's a very high likelihood that your sibling will get infected.

Maayan Hoffman:

What triggers it? How do you get it?

Dr. Vered Molho-Pessach:

Close contact

Maayan Hoffman:

just with two people. But how does the first person get it? Also from somebody else.

Dr. Vered Molho-Pessach:

From someone else. Interesting. Yeah.

Maayan Hoffman:

And then what is the treatment for it once it starts to spread?

Dr. Vered Molho-Pessach:

Okay. So usually in, in a healthy child the lesions last for a few months and then at some point they disappear. Before they disappear, they become inflamed and then they fall off.

Maayan Hoffman:

Okay. Does it hurt a lot?

Dr. Vered Molho-Pessach:

It can hurt. It can hurt. And they can also eat them. In some patients we see eczema around the lesions and then you each but usually the eczema and the inflammatory response show us that the immune system is trying to fight the virus and that the infection is at some point going to be resolved. But we also see patients that have it for two or three years till it goes away. If it's on the face, if you have very large lesions, which can sometimes happen if you have continuous inflammatory lesions that need antibiotics. If you have eczema and the child is very itchy, then you should definitely see a dermatologist and ask for treatment.

Maayan Hoffman:

And what does that treatment look like?

Dr. Vered Molho-Pessach:

So we have various treatments to offer. We have some local agents that we apply on the lesions. Most of them cause like a local burn. And then there's a bula, which opens and then the molluscum falls off. It's not good to apply these agents on the face. Or around the eyes or around the mouth. So, in these cases, we sometimes offer curettage. We remove mechanically the mocu lesions

Maayan Hoffman:

with a burn or was that when you burn off?

Dr. Vered Molho-Pessach:

No, you can burn them with liquid nitrogen, but it's really painful. It can leave scars, but we have. Like a small very tiny teaspoon. Okay, that is very sharp. It's called a curette. And we can remove them mocu with a curette. If you have a few lesions and the child is

extremely cooperative, you can use local anesthesia with amla cream, and then you remove them very easily. And if you have a lot of lesions or very big lesions, or the child is not cooperative, we do it under sedation.

Maayan Hoffman:

This season of the Hadassah On Call podcast has been unlike any other.

We've taken you behind the scenes at Hadassah hospitals in Jerusalem, where doctors and nurses are caring for those still healing from the October 7 terror attacks and the war that followed — treating not just patients but supporting their families every step of the way.

Along the way, you've learned about important health topics — from the hidden dangers of polypharmacy to how dental health can impact a serious illness like pneumonia.

And we're not done yet. Stay tuned for upcoming episodes on diabetes, weight management and a special conversation with renowned hematologist Dr. Dina Ben-Yehuda.

Be inspired. Stay informed. And help us continue this lifechanging work.

Visit hadassah.org/hadassahoncall and click **Donate**.

Thank you for listening — and for making an impact.

Maayan Hoffman:

And now back to our conversation with Dr. Vered Molho-Pessach, head of dermatology at Hadassah Ein Kerem.

Maayan Hoffman:

Now, you talked about when you first started to do your residency and you had a rotation and you went through a diagnostic process that was very much on the surface. What does the diagnostic process look like today? Is it still the same that you bring in a patient, you look at their skin? Or are there new technologies or new ways of diagnosing?

Dr. Vered Molho-Pessach:

There are a lot of new technologies for sure. But it depends on the patient and what he has. You have straightforward diagnosis and sometimes you just hear the story and you see the rash and you know exactly what it is. And sometimes you need to take a biopsy. You, we also use in the last 15 years, almost always, when you examine a patient, we use a dermatoscope. It helps us to see the rash or the lesions more clearly and to see into the depth of the skin. It's a whole science, dermoscopy. We also have many other sometimes molecular investigations that we do on a biopsy sample.

Maayan Hoffman:

And how, depending on the situation and how do you decide, wow, this is pretty straightforward. We'll bring the patient in. We'll just, treat and move on. Or if you need to investigate further. What are some of the red flags?

Dr. Vered Molho-Pessach:

So it depends on, it depends. If you know the diagnosis or if you don't, if you, if it's let's say atopic dermatitis, okay? You see the patient, you hear the story, you see the rash. The rash is very typical. You don't need to take a biopsy, you don't need any blood test. You can start treatment, okay? In other conditions, you're not always, if it's not something very typical. You will need a laboratory investigation to reach diagnosis. So it depends on the individual case

Maayan Hoffman:

and when we think about skin cancer. If we can just take that leap for a moment. I know that in the past I've interviewed some doctors who've spoken about a really groundbreaking machine that sits specially at Hadassah in order to do a total skin scan. Yeah. Can you tell me a little bit about that and how often are you using that versus let's say a oncologist?

Dr. Vered Molho-Pessach:

Okay what we have here is digital mold mapping system, which is called Vectra. It is composed of many cameras and you stand in the middle of this huge machine and in a few seconds it takes photos of your entire skin. And it also has artificial intelligence qualities, and it can identify which lesions are more concerning. We keep all the visual information in the computers that are attached to the system. And when the patients come for follow up and take, in other sessions of photos the AI compares the new photos to those that were taken a few months ago and they can see, and it can observe very tiny changes that we cannot observe with our eyes. And it helps us to to diagnose skin cancer in its very early stages.

Maayan Hoffman:

So, have you already saved a lot of lives? How long have you ...

Dr. Vered Molho-Pessach:

So I've not been using this but machine, but because I'm a pediatric dermatologist and I'm not, you have to be a specialist in the field of dermoscopy and, maybe Dermato-Oncology, and it's not the field of my expertise. But I'm, we've been operating this system for about a year and for sure there are many cases of skin cancer that were diagnosed through this system.

Maayan Hoffman:

And it's the only one like it in the Middle East, is that correct?

Dr. Vered Molho-Pessach:

It's the only one in the Middle East.

Maayan Hoffman:

Unbelievable. So now for patients or family members who are thinking, I want to actually treat my. Acne or my dry skin or whatever it is at home. Are there certain home treatments that you can do before you go into the doctor that maybe you can say, I'll try this first. What do you recommend for eczema? For any of these?

Dr. Vered Molho-Pessach:

For eczema, just a moisturizer, Uhhuh. Okay. Start with a thick moisturizer and apply it a few times a day. Maybe it'll go away. You can also use over the counter hydrocortisone, which is available.

Maayan Hoffman:

That's for itching?

Dr. Vered Molho-Pessach:

For the rash, for itching, and you can take an antihistamine for the itching. For acne, I don't think that there are very effective homemade things that you can use. If you have pimples you do need to see a dermatologist.

Maayan Hoffman:

When I was young, we used to use toothpaste, and when I told my children about this, they told me this just doesn't work. But I remember that's what I used to try to put on. So sometimes, younger children are very reluctant to wash their faces, to have a skincare routine to take care of themselves. What can you tell parents to help them be able to encourage their kids to keep their skin healthy? And in terms of a daily routine, to avoid that acne, what do you recommend? Is it wipes, is it soap or is there special treatment?

Dr. Vered Molho-Pessach:

I don't think that there are any proven measures that you can take to prevent a acne. There's a huge debate whether a diet can affect your acne. And currently there are no guidelines that recommend to change your diet.

Maayan Hoffman:

Really? I thought sugar these things dairy...

Dr. Vered Molho-Pessach:

So maybe sugar, but it's not proven. Maybe dairy products, but it's also not proven. So we do not recommend to do any dietary changes. We do tell patients not to use makeup that is oily or cream that are oily, better to use water-based creams. And we also advise using a gentle soap twice a day, especially before you apply to the medical agents that we give. But other than that. I don't think we have any good recommendations to prevent acne.

Maayan Hoffman:

I was really hoping you would say sugar. 'cause then I could go home and tell the kids, ah, if you don't eat sugar, and they would let me maybe not bring it in the house. Research is really advancing in dermatology and there are a lot of new therapies as you mentioned in addition to the technologies. Can you just gimme a little bit of insight into whatever new research you're doing and also in general at Hadassah, if you have any knowledge of some of the more groundbreaking things that are going on here?

Dr. Vered Molho-Pessach:

So I'll, we'll focus on acne and I'll just tell you about my research that I've done and I'm still working on with Professor Ronen Hazan from the Faculty of Dental Medicine in the Hebrew University. Professor Hazan's research is focused on phages. Phages are viruses that kill bacteria.

Maayan Hoffman:

Okay

Dr. Vered Molho-Pessach:

His idea was to try and examine whether phages, can be a tool to fight acna because we know that, the pathogenesis of acne is associated with a bacteria that is on our skin, which is called kuti bacterium acne, and we wanted to find out whether we can use a topical gel with phages to apply on the skin to treat acne.

Maayan Hoffman:

Okay.

Dr. Vered Molho-Pessach:

Why did we search for that? Because we've been using topical antibiotics for many decades to treat acne, there is a very high rise in resistance of the kuti bacterium has become resistant to all of the antibiotics that we are been using.

Maayan Hoffman:

Does that mean that now when we try to treat acne with antibiotics, it's just not working?

Dr. Vered Molho-Pessach:

Sometimes it's not working, and that's the reason.

Maayan Hoffman:

Okay. Yeah.

Dr. Vered Molho-Pessach:

The idea was to use phages instead of antibiotics. In order to start this project, we created the mouse model of acne. We isolated the kuti bacterium from humans, and

we injected it into the skin of the mice. We also applied sebum, human sebum, on the mice to provoke the inflammation, and we were able to create lesions of acne on the skin of the mice. And then we had, yeah, we had two groups, A group that was treated with the gel of the phages and a group that was treated only with the gel without the phages. And we were able to show that the mice that were treated with the phages. Had faster resolution of their acne lesions.

Maayan Hoffman:

Wow.

Dr. Vered Molho-Pessach:

So that's the first step to develop treatment, topical treatment with phages for acne. We still don't have any clinical trials in humans, but we hope at some point to, to get there.

Maayan Hoffman:

When we think about that timeframe. Is that coming soon?

Dr. Vered Molho-Pessach:

Not soon, but maybe in a few years. Okay. In the team of medicine, that's pretty soon. A few years, right? Yeah. Decades.

Maayan Hoffman:

So wonderful. Is there anything else that you wanna add that I didn't ask you or that you feel that people should know?

Dr. Vered Molho-Pessach:

No, I think your questions are great.

Maayan Hoffman:

Wonderful. Thank you so much for sharing your insights today.

Dr. Vered Molho-Pessach:

Thank you for inviting me. It was a pleasure. Of course.

Maayan Hoffman:

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Maayan Hoffman:

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