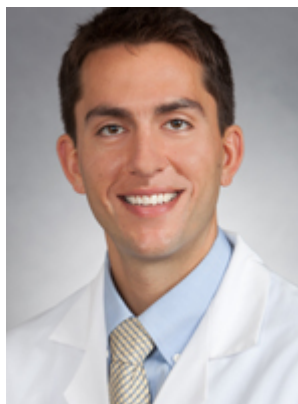


Corner Clinic: Our Experts Answer Your Health Questions

This month we talk about concussions, breast density and protecting eyes from sun damage

By UC San Diego Health System Experts |
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Should I be worried about soccer-related head injuries? What can I do to prevent concussions?

Alan Shahtaji, DO, primary care physician and sports medicine specialist in the UC San Diego Concussion Clinic

Soccer is a contact sport and has an inherent risk of head injury, but FIFA (the international governing body for soccer) statistics show that only one concussion occurs per 10,000 exposure hours in youth soccer. In the World Cup, the average is one concussion every 20 matches. Once players get to the collegiate level, the mechanism for concussion almost exclusively results from head-to-head or extremity-to-head contact. Thus, one of the ways to reduce head injuries has been the implementation and enforcement of rule changes to penalize players leading with the elbows and raising their arms while going for a header.

For younger ages, concussions are more likely to result from intentionally heading the ball. Some of the soccer head gear that has been worn in the past has not been shown to prevent concussions so U.S. Soccer recommends no heading for kids younger than age 10. When kids are ready, the emphasis should be on teaching proper form, strengthening the neck muscles and working on nerf ball heading. Do not force headers for players who are not ready.

There are a variety of signs and symptoms that can suggest a concussion and the [CDC has some great information](#) [↗](#) for the parent or coach to help identify a concussion. Once a player sustains a suspected head injury, the most important thing is to get a proper evaluation and "when in doubt, sit it out!" A second head injury before the brain has recovered can lead to prolonged recovery and complications and there have been reports of catastrophic brain injury.

At the [UC San Diego Health Sports Concussion Clinic](#), we do a comprehensive evaluation and coordinate a safe and appropriate plan for an athlete to return to learn (RTL) and return to play (RTP). We also have a team of consultants who specialize in concussion rehabilitation, should the athlete not recover in the expected seven to 10 days for adults or two to four weeks for children.

Shahtaji is also a team physician for U.S. Soccer and the U.S. Women's National Soccer Team. He is also an avid soccer player himself — Shahtaji competes on the global stage as a member of the U.S. Medical Soccer Team.



I have been diagnosed with dense breast tissue. What does this mean for my health?

Haydee Ojeda-Fournier, MD, medical director, Breast Imaging Center

Breast density refers to the amount of glandular breast tissue versus fatty tissue in the breast. Half of all women have dense breast tissue. Breast density limits the sensitivity of mammography. Like breast cancer, density appears white on a mammogram, making detection difficult. This is known as masking. Having dense breasts may be a risk factor for breast cancer, but the data on this is limited and somewhat misleading, as studies have compared extremely dense patients to fatty breast patients and the numbers are too small to make a definitive conclusion on risk. In California, there is a law requiring breast imagers to report to a patient that she has dense breasts.

Mammography is the only screening test shown to decrease deaths from breast cancer, the most common cancer in American women and the second leading cause of cancer deaths. More than 230,000 women will be diagnosed with invasive breast cancer in 2015, an additional 60,000 with in situ (very early) disease. The majority of women diagnosed with breast cancer will have no identifiable risk factor. The American Cancer Society recommends annual screening mammograms for women starting at age 40 and continuing indefinitely as long as they are in good health. Women at high risk of breast cancer (based on family history or genetic mutations) are also recommended to undergo annual breast MRI. There is encouraging data that digital breast tomosynthesis (also known as 3D mammogram) may perform better than a standard digital mammogram in patients with dense breast. We will be offering this service to our patients in later this year.

At UC San Diego Moores Cancer Center, women identified as high risk during their screening mammogram will receive a complementary phone consultation by a breast health care specialist. Screening mammograms can be scheduled by calling central scheduling at 619-543-3045 or calling our concierge line at 858-822-6126.



What can I do to avoid eye damage during the sunny summer months?

David Granet, MD, professor of ophthalmology and pediatrics, and director of the Anne F. and Abraham Ratner Children’s Eye Center

Here in San Diego we are fortunate to live in one of the most wonderful climates on earth. With all that sunshine, however, comes some concern. Most adults and certainly almost all parents now are careful to use sunscreen on their or their children’s skin to prevent damage. But how many put sunscreen on their eyelids or protect the eyes themselves?

Significant long-term damage to eye-related tissues (the eyelid skin, conjunctiva, cornea, lens and, in young children, possibly the retina) can be caused by UV radiation, and thus should be prevented. Avoidance of significant sun exposure during the highest risk time periods during the day (typically 9:00 a.m. to 5:00 p.m.), while also looking for shaded areas and wearing brimmed hats remain the mainstay of protection.

Finding skin protection is relatively easy — lotion and sprays are everywhere. But what about specific eye protection? The World Society for Pediatric Ophthalmology & Strabismus recommends appropriate UVA/B-blocking protective lenses in well-fitted frames for everyone, and particularly for children and adolescents who are geographically (like San Diegans) or medically at higher risk than the average person.

Look for lenses that block at least 99 percent of UVA/B light with frames that provide safety when impacted, and leave little room for light to enter around the edges. Plus, they should be comfortable to increase the likelihood that you or your child will actually wear them. The World Society for Pediatric Ophthalmology & Strabismus also says that polarized lenses can provide greater comfort from glare, especially for light-sensitive children.

Please note, sunlight is needed for appropriate Vitamin D metabolism and, fascinatingly, there is some early evidence that myopia (nearsightedness) progression may be decreased by time outdoors. Like anything, remember to spend your time outside safely. So when putting on sunscreen, keep in mind, sunglasses are the sunblock for the eyes!

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