MEDICAL GUIDE

SKIN CANCER: A National Epidemic

Over the past 2 decades there has been an alarming increase in the incidence of both melanoma and non-melanoma skin cancers in the United States. It is estimated that over one million Americans will develop skin cancer in 2006. These cancers are presenting themselves in younger patients and have often-unusual clinical presentations.

Although treatment modalities for some of these skin cancers have improved over the past two decades early recognition and prevention has become our number one priority.

- Precancers/Actinic Keratosis

Actinic keratosis (AKs) are small, keratotic, scaly spots, which often appear on sun-exposed areas. Often times it is easier to feel these by palpation than to see them. AKs are a sign of excessive sun damage and a small percentage may progress to become Squamous Cell Cancers. These lesions can be treated by many modalities including: application of liquid nitrogen, Effudex, Carac solution, or Aldara cream. Liquid nitrogen and application of acids burn the skin in a controlled fashion and remove these superficial lesions. Other modalities, such as Aldara, represent a more elegant way of boosting your own immune system to remove these lesions.

- Non-Melanoma skin cancers

The many different components of the skin, hair follicle, nerve endings, and sebaceous glands can give rise to skin cancers such as Basal Cell Cancer (BCC), Keratoachantoma (KA), and Squamous Cell Cancers (SCC). These lesions usually present as non-healing sores, which bleed and do not resolve with conservative measures. They can look almost translucent and have small blood vessels in them. BCC cancers can take months to develop and usually do not metastasize to distant organs. SCCs on the other hand can be very aggressive, and depending on their location, rarely invade the deeper tissues. Treatment: Most of these lesions are either scarped and burned (C&D ed) or excised with controlled margins. In my practice radiation treatment is reserved as a last resort for very large lesions or for patients who are not good surgical candidates.

- Malignant Melanoma

Melanoma is one of the deadliest types of skin cancer. It can arise from an existing mole or develop de novo from normal skin. The American Academy of Dermatology has created an easy system for patients and practitioners to find these cancers among many benign moles. The A, B, C, D of melanoma was created to locate a mole which is Asymmetrical, has Borders which are irregular, different Colors of black and red, and a diameter greater than 6mm (back of a pencil erasure). More recently "E" which stands for Evolve was added to stress that moles, which are changing, are more suspicious. Rarely melanomas can present with none of the above characteristics as enlarging red nodules. These amelanotic melanomas are in my experience more aggressive as they are often not diagnosed early. The gold standard for melanoma treatment is still excision with 1-2 cm margins. Intermediate and deep melanomas are more dangerous and these patients benefit from lymph node dissection and adjunctive chemotherapy with Interferons.

- Prevention

Sun avoidance is the best defense against skin cancer and wrinkles. Early detection is the safest way to ensure a good outcome. Although it is true that most of the sun damage is done before adolescence, one can still benefit from regular sunscreen use and protective clothing. In my experience a large percentage of the damage can be reversed this way.

- Chemical peels and lasers

Chemical peels (TCA and Jessner) and lasers such as CO2 and Erbium can be used to treat the face, neck, hands, and chest area. These procedures are very aggressive and require a few days off work. A significant number of the actinic keratosis and even smaller skin cancers can be treated this way and the skin rejuvenated. Insurance companies usually do not pay for these treatments and the cost can range from $500 to several thousand dollars.

For a consultation, please contact:

David Rahimi, MD, F.A.A.D.
(805)373-0725