

SKIN CANCER

There are three common types of skin cancer. They are known as (1) basal cell carcinoma; (2) squamous cell carcinoma; and (3) malignant melanoma. Of these three, the most dangerous and potentially life threatening is the malignant melanoma, but this dreaded disease is the least common of the three mentioned.

The most important single fact that I want to convey is that of all the controllable or modifiable elements with respect to skin cancer development, by far the most important is sun exposure. This single element can be controlled each and every day of our lives, and in fact should be controlled. The sun is destructive even when it is cloudy, and even when you are in areas that are bounded by windows.

The most common skin cancer is the basal cell carcinoma. This is a malignant skin growth that can be easily cured by a variety of surgical and/or chemical modalities. A basal cell carcinoma is also known as a “rodent ulcer” because of the tendency to burrow...sometimes aggressively through the skin and if not checked, even into bone.

A basal cell carcinoma has a distinctive appearance to a trained dermatologist. Generally it is a shiny papule (bump) with rolled borders and tiny veins (telangiectasias) coursing over the papule. Often there will be a scab or a small speck of blood. When it is left untreated, it grows larger and larger, but not so much as in the shape of a volcano as in the shape of an eroding plaque with an identifiable border. They are easily biopsied and treated.

Basal cell carcinomas occur commonly on the sun exposed areas such as the nose, face, cheeks, ears, and arms. They may occur nearly anywhere but these locations are common.

Squamous cell carcinomas are somewhat more dangerous than basal cell carcinomas in their potential to metastasize (spread). Nevertheless, most squamous cell carcinomas of the skin are local tumors that may be eradicated fairly easily, particularly if they are treated early.

These lesions also occur on the sun exposed regions and also are not uncommonly found on the legs and arms, and even lips.

Some squamous cell carcinomas arise from what we call a “pre-cancer.” When a dermatologist says “pre-cancer”, more times than not he/she is referring to an actinic keratosis or “AK.” AK may be considered as a grade ½ squamous cell carcinoma. Some, but not all of these precancerous growths turn into squamous cell carcinomas. The problem is, we cannot predict in advance which ones it will be. Therefore, all AK should be treated if possible.

Without question, the most dangerous skin cancer is the Malignant Melanoma. Malignant Melanoma is seen most commonly in those with fair skin and a history of

sunburns, those with many moles (more than 50), those with atypical or unusual moles and those who have had a close relative with melanoma.

Melanomas develop from the pigment producing cells of the skin, or the melanocytes. Therefore, these cancers are generally (but not always) pigmented. Dermatologists have developed a mnemonic device for patients (and doctors) to recall when they are looking at moles or skin lesions and wondering about the risk of malignant melanoma. This mnemonic is “ABCDE.”

A stands for asymmetry of the lesion, comparing one side to the other.

B stands for Border of the lesion. Is it scalloped, indented or regular

C stands for color. Is the color uniform or variegated. Does it have shades of tan, brown, black, red or blue?

D stands for diameter. Is the lesion larger than a pencil eraser?

E stands for evolution. Is the lesion different from all of the other moles or is it changing in size, shape, color?

This is a very brief outline of skin cancers and the take-home lessons are important:

1. Protect yourself from the sun: sunscreens, hats, sunglasses, protective clothing
2. Check your own skin regularly for any signs of any changing lesion
3. Check your loved ones skin regularly
4. Call Martin Dermatology at (561) 368-1130, or your own dermatologist, for regular checkups and questions.