

ACTINIC KERATOSIS

Actinic keratosis (AK), also known as solar keratosis, is a precancerous lesion of the epidermis (outer layer of skin) that is caused by long-term exposure to sunlight. Chronic sunlight exposure alters the keratinocytes (cells that make up the majority of the epidermis) and causes areas of your skin to become scaly, rough, discolored and sometimes tender to the touch. AKs are most commonly found on sun-exposed areas such as the face, lips, ears, neck, scalp, forearms and backs of hands. People who have fair skin and light-colored hair and eyes are at the greatest risk of developing AKs. Individuals who are immunosuppressed, either by cancer chemotherapy treatments or organ transplants, and who have an immuno-deficiency disorder, are also considered high risk for developing AKs.

AKs are not life threatening as long as they are diagnosed and treated in the early stages. If left untreated, aggressive AKs have the potential to progress into squamous cell carcinoma, a serious type of skin cancer. Therefore, it is important to report any suspicious skin lesions to your dermatologist.

Treatment Options

Dermatologists often diagnose and treat AKs based on clinical appearance alone, but sometimes a skin biopsy is needed. After a dermatopathologist assesses your skin tissue under a microscope and determines the lesion is an AK, your dermatologist will discuss several treatment options with you. Your treatment may vary based on the location, size of the lesion and the amount of AKs you have developed. Your age and general health will also be taken into consideration. Common treatment options are cryosurgery (freezing lesion with liquid nitrogen), topical chemotherapy creams, photodynamic therapy, chemical peels and laser resurfacing therapy. Your dermatologist will help you decide which option is best for you.

How Can We Protect Ourselves?

Because chronic overexposure to sunlight is the leading cause of actinic keratosis, sun avoidance, especially during peak sunlight hours of 10 a.m. to 4 p.m., is an important preventive measure to help reduce the risk of developing this precancerous lesion.

Limit skin exposure to the sun's harmful ultraviolet rays by wearing broad-brimmed hats and protective, tightly woven clothing. Furthermore, use a broad-spectrum sunscreen, rated SPF-30 or higher, on all exposed skin, including the lips, even on cloudy days. Reapply sunscreen frequently. Additionally, avoid tanning salons and artificial tanning devices.

Inspect your entire body regularly for any skin changes, especially those already mentioned, and routinely visit your dermatologist for a skin examination.

**DON'T BECOME
A STATISTIC**

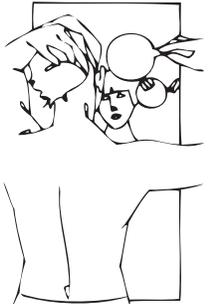
- 1 in 6 people will develop an AK in their lifetime
- Older people are more likely to develop AKs
- Patients with multiple AKs have a lifetime risk of progression to squamous cell carcinoma of up to 10%

Source: 2010 American Cancer Society

What To Look For And How

Spotting changes in current moles and/or developing lesions early on can help prevent the development and spread of skin cancer. It is important to know what to look for and how to look for it when dealing with early skin cancer detection.

Every month, inspect your entire body for any skin changes and routinely visit your dermatologist for a complete skin examination. Early detection of melanoma can be lifesaving because this cancer may be curable in its early stages. Any irregularity in an existing or newly developed pigmented skin lesion could be a sign of melanoma and should be examined immediately by your dermatologist. These irregularities may include asymmetry, an uneven border, color variations, diameter of more than 6mm or evolving changes of the lesion – all of these irregularities are covered in the ABCDEs of melanoma. If you notice any of the following irregularities in current skin lesions, see a dermatologist immediately.

				
STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
Examine your body front and back in the mirror, then right and left sides, arms raised.	Bend elbows and look carefully at forearms and upper arms and palms.	Look at the backs of legs and feet, spaces between toes and soles.	Examine back of neck and scalp with a hand mirror. Part hair for a closer look at scalp.	Finally, check back and buttocks with a hand mirror.

Images and content provided by the American Academy of Dermatology



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To learn more about the services Dermpath Diagnostics provides and to obtain more information on common skin disorders, please visit us at

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