

Skin Cancer; Not just a Mole or a Freckle. The ABCDE's to Getting Your Dark Skin Spot Checked. Molly S. Judge, DPM, FACFAS

The month of May maybe National Skin Cancer Month, but the risk of skin cancer is year round with the summer bringing the greatest of risk factors... excess sun exposure. Basal Cell carcinoma (BCC) is a very common form of skin cancer. But the good news is the risk of dying from a BCC is low. Because of the low incidence of metastases (spreading to other sites) there is a low incidence of death from BCC. So if you are diagnosed with skin cancer this is the one to have. In the world of foot and ankle surgery this is commonly diagnosed and treated right in the office. A person who is active and enjoys being outdoors in the sun is at higher risk for skin cancer in general. An estimated 3.6 million Americans are diagnosed with BCC each year per SkinCancer.org. The risk is definitely higher for men over age 50 and in those with fair skin, red or blonde hair, blue or green eyes, have freckles and sun burn easily. According to the British Medical Journal (BMJ) basal cell carcinoma is the most common malignancy in caucasians. (1). People affected by BCC are at high risk for recurrence of BCC and other forms of skin cancer. Among those who have had skin cancer, of any type, it is likely that they will be diagnosed with a second one within 10-years (2).

So what can you do to make sure you don't have this common form of skin cancer? Cover up, use sun screen and reapply it after being in the water or after perspiring. Most importantly follow the A B C D E's of early identification of spots suspicious for skin cancer. When you see a dark spot on your skin as your self these questions:

Is the spot ASYMMETRICAL? If you drew a line to cut the spot in half would it look identical on each side? Mirror images? If not, that is a suspicious lesion. Look at the BORDER of the lesion. Is it smooth and well defined? Or, is it very hard to see a border or margin around the dark spot? When there is no distinct border to the spot or it just blends into the skin around it that is a suspicious lesion. What COLOR is it? Is it one solid color or is it multiple shades of brown, beige, and black? If the color is variable that is a suspicious lesion. What is the DIAMETER of the spot? If the pigmented lesion is greater than 6mm diameter (the size of a pencil eraser) that is a suspicious lesion. Is

the spot on the skin changing or EVOLVING? If the spot look different than other spots or it is changing over time; changing color, enlarging in diameter or becoming thicker, does it bleed or drain fluid like a deep sore or ulcer? If so, that is a suspicious lesion.

If you are like me you can spend more time in the yard when the sun is over cast and the temperature is moderate. When it is very sunny and 80-degrees only an hour or two would be enough to send you into the shade right? So cloudy is better? Not necessarily. No one can tell you what type of sun exposure or how much will result in skin cancer. No one can give you the math equation for what sun exposure is and isn't good for your skin. Let's just chalk that up to Mother Nature is tricky. What is certain is that when it comes to the sun less is more for most of us. So stay covered up and out of the sun and if you notice changes in that dark spot on your leg, foot or ankle drop by my office. **With an accurate diagnosis you will have your cure.**

- References (1): Miller SJ: Etiology and pathogenesis of basal cell carcinoma. Clin Dermatol 1995;13:527-36. [PubMed][Google Scholar]
(2) Journal of the American Medical Association (JAMA) Dermatology 2015

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For more information on basal cell carcinoma visit:

American Academy of Dermatology www.aad.org/pamphlets/bcc.html

Skin Cancer Foundation www.skincancer.org

Ncbi.nlm.nih.gov

