Chapter 8

Skin Cancer

Skin cancer is the largest component of all non-statistically recorded cancers. More than 70,000 cases in Canada and more than 1 million cases in the United States of non-melanoma skin cancer are diagnosed each year, most of which are caused by excessive sun exposure.

Skin cancer can consist of several different malignancies and is the most common form of cancer in humans, but can also be the most easily cured of all the cancers. Basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) constitute almost 90% of the non- melanoma skin cancers. Both are usually treated successfully with surgical and other cancer cell destructive modalities.

Excessive exposure to UV radiation is a big factor in the cause of skin cancer. The use of long sleeves, a cap, and UV protection on the skin helps prevent skin cancer.

Since skin cancers are visibly seen on the skin, they must be attended to as soon as they are noticed. Self-examinations are the best way to detect any unusual lesions on the skin. Estheticians are not permitted to diagnose skin cancers, but a few are mentioned in this chapter to help educate the esthetician so they may recognize early signs as they treat their clients.

It is important that estheticians learn to recognize all forms of cancers on the skin, as well as skin reactions from any cancer therapies, so they can refer clients to a physician for treatment.

Precancerous Lesions

Actinic Keratosis (AK)

AK is considered a precancerous lesion or the very first stage of cancer on the skin. AKs are characterized by thick, warty, rough, dry, scaly or red macules, or rough red, scaly patches, crusts or sores. Redness may be harder to detect on darker skin. Any skin lesion that is noticeable and feels strange should be checked. (See **Figure 8.1a** and **Figure 8.1b**.)

Figure 8.1a Actinic keratosis on side of face and ear

If left untreated, they can develop into SCC. The most dramatic AK lesion is the cutaneous horn, which may be relatively small to several centimeters in size; and be straight, curved or twisted.

People who incur at least one AK will usually have many more, during a lifetime. Summer months seem to increase the number of AKs, whereas winter months seem to decrease the number of AKs incidents. AKs also

Figure 8.1b Actinic keratosis on lower lip

increase as one ages. AKs are caused by long-term exposure to sunlight therefore UV protection is vital. (See **Figure 8.2a** and **Figure 8.2b**.)

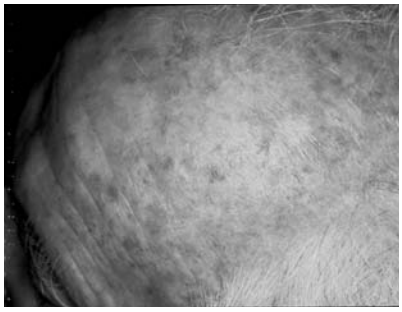

Figure 8.2a Actinic keratosis on top of scalp

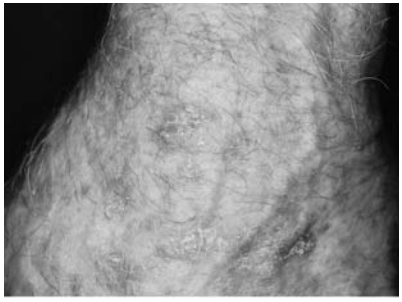

Figure 8.2b Actinic keratosis on top of hand

Spa treatments may be done at this level to help prevent further development of skin cancer. Education for clients is imperative, especially if they continue to be out in the sun and don't take care of their skin. Clients should be directed to, and taught how to perform self-examinations. For clients who continue to just ignore a skin lesion, well-trained and educated estheticians who recognize a skin lesion that requires further medical treatment can literally save their lives.

Self-exams are critical to early detection. When doing a self-exam, be sure to:.

- Check the back of the neck, shoulders, upper arms, back, buttocks and back of legs.
- Check the front of the neck, shoulders, upper arms, elbows, underarms, décolleté, under breasts (women), stomach and front of legs.
- Check hands, including finger nails.
- Check head and scalp. Use blow-dryer to inspect scalp.
- Check feet, including soles, heels, and toe nails. Use hand mirror to examine genitals. This examination is easier done in a seated position.

Actinic Cheilitis (AC)

Actinic cheilitis is a type of AK or leukoplakia occurring on the lips. It is usually found on lower lip due to more sun exposure than on the upper lip. AC is characterized by dry, cracked, scaly, pale or white lips.

> Actinic keratosis is also known as solar keratosis or sun spots.

Non-melanoma Cancers

Most skin cancers are classified as non-melanoma, usually occurring in either basal cells or squamous cells in the epidermis.

Because persons taking immunosuppressive drugs or being exposed to radiation therapy have suppressed immune systems, they can develop BCC and SCC more easily.

Everyone taking immunosuppressive drugs or receiving radiation treatments should undergo a complete skin examination at regular intervals. Most non-melanoma skin cancers develop on sun-exposed areas of the body such as the face, ears, neck, lips and the backs of the hands. Depending on the type, they can be fast- or slow-growing, but they rarely spread to other parts of the body.

Basal Cell Carcinoma (BCC)

BCC is the most common skin cancer that can be treated and cured, and is found more frequently in lighter skins; however, it is being diagnosed with increased frequency in darker skins. BCC has the least potential to spread in the bloodstream or metastasize however it can metastasize in darker skins.

Chronic exposure to sunlight is the cause of almost all BCCs. BCC is characterized in many ways, from a shiny, pearly nodule to a brown to glossy black pigmentation that can often be misdiagnosed as malignant melanoma. Darker skins may present with hyper-pigmented, translucent nodules on the head and neck. A greater

amount of pigmentation in darker skins offers some protection from UV radiation.

Nodular Basal Cell Carcinoma

Nodular BCC can be confused with a pustule or colorless mole. It becomes more noticeable when it constantly bleeds, then heals up and then bleeds again. People usually think the bleeding is caused by accidental scratching; however the blood vessels in this cancer cause a small amount of bleeding and oozing.

Nodular BCC is characterized by a pearly surface with small spider veins.

This slow-growing tumor usually is present for quite some time before it becomes a problem and it does not spread to the bloodstream.

Morpheaform BCC

Morpheaform BCC is quite different from the nodular version and is hard to identify. It is usually present for years; however, it can be noticed over time. It has a totally different appearance on the skin and it does not spread to the bloodstream.

Morpheaform BCC is characterized by being flat, firmer than the surrounding white or yellow skin. It has the texture and appearance of a scar, and is an aggressive-growth BCC that needs attention.

Morpheaform BCC is not well-recognized, so it can be easily overlooked. This type of skin cancer tends to grow with deep roots under the surface of the skin and is often larger than it appears to the naked eye. Once diagnosed, it is easily treated and cured.

Superficial Multifocal BCC

This form of BCC generally appears on the body, arms and/or legs. It is characterized as a bright pink and shiny, well-defined erythematous macular lesion that when stretching the skin will show a threadlike pearly rim or pockets of pearliness.

It is not unusual to see people who develop one such skin cancer develop others in the same area. This lesion may be due to the fact that radiation from the sun mutates several clones of cells and each develops into separate skin cancers.

Rodent Ulcer

Rodent ulcers usually result from a tumor that is neglected, as it grows and outstrips its blood supply, and the center of the tumor dies. A festering ulcer can be unsightly. Clients who have been treated for BCC should have a follow-up exam every six months for five years after treatment, then at least once a year thereafter.

AM literally means 'without melanin' and is often mistaken for pimples, scars and keloids.

Recognizing BCC

A good sign of early BCC is a persistent open sore that bleeds, oozes, or crusts and remains open for three or more weeks and won't heal. BCC almost never metastasizes. (See **Figure 8.3a**.)

It can also be a persistent reddish or scaly patch or irritated area that may be pruritic or painful. It occurs on the chest, shoulders, arms or legs. It can persist with no noticeable discomfort. Erythema may be harder to detect on darker skins. (See **Figure 8.3b**.)

When in doubt, check it out!