



MEET OUR NEW ARRIVALS



Sharon Werner  
Front Desk, Seattle



Lucy Jones  
Born: May 9, 2006.  
Weight: 6 lbs. 5 oz  
Height: 22 1/2 inches  
Laura, Lucy and Dad (Dan) have  
moved to Gig Harbor. We send  
them our best wishes.



Donna Berube  
R.N., Bellevue



Cindy Price  
M.A., Bellevue

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SARAH PATTON, PA-C, WILL DIS-  
CUSS THE ATYPICAL NEVUS.

## Update on Actinic Keratosis

By Sarah Patton, PA-C

Actinic Keratoses (AKs), or “pre-cancers” are growths on the skin caused by damage from the sun. They tend to be dry, scaly patches on the skin. They can be skin-toned or reddish brown and are usually between 2-10 mm in size. They can be larger than a quarter in size. AKs are very common. They are probably the most common lesion that we encounter in our practice. Patients can develop AKs at any age, but they are most common in patients over the age of 40.



“Actinic” comes from the Greek word for ray, “aktis”, which means pertaining to radiant energy, such as rays, ultraviolet light and sunlight. “Keratosis” means horn-like growth or any condition of the skin characterized by the formation of horn-like growths. Life-long accumulation of (chronic) sun exposure can cause skin cells to change in size, shape and the way in which they are organized. *Keratinocytes* are skin cells that make up more than 90% of the epidermis (the outer-most layer of the skin). Chronic sun exposure can damage, which in turn can result in changes to, these keratinocytes that cause the skin to form these rough or scaly AKs.

Actinic Keratoses develop in areas on the body where there has been chronic sun exposure (i.e., they are most prevalent in areas with the highest amount of sun exposure). Therefore, common areas to find AKs are the face (including the lips), ears, neck, back of the hands and arms. They are also commonly found on the scalp, particularly in patients who have thinning hair.

Actinic keratoses are considered “pre-cancers” because they have the potential to progress into squamous cell carcinoma (SCC), the second most common type of skin cancer. Because predicting which AKs will evolve into SCC is unreliable on a clinical basis, conventional wisdom suggests all AKs be treated.

Sometimes it is difficult to determine on a clinical basis whether a lesion is an AK or an early skin cancer. In such instances, a biopsy will be recommended.

There are numerous methods of treatment of AKs. The most common methods of treatment include cryotherapy, topical creams (5-FU, Aldara), photodynamic therapy and laser skin resurfacing. Cryotherapy is the most common method of removal. It involves the use of liquid nitrogen to “freeze” the surface of the skin. The AK flakes off and is replaced by new, healthy skin. The most common side effects of this treatment method include redness and scabbing. Regardless of the treatment method chosen, it is very important to remember that recurrence of an AK in the site of previous treatment suggests progression to skin cancer, and warrants a biopsy.

Unfortunately, none of us can reverse the damage done by prior sun exposure, but there are things that one can do now to decrease the number of AKs that you will form. Practicing good sun protection behavior has been demonstrated to prevent formation of new AKs.

Important tips to remember:

1. Avoid sun exposure during peak hours (10 am until 4pm).
2. Wear sun protective clothing that covers the arms.
3. Wear wide brimmed hats.
4. Use sunscreen with UVA and UVB protection and with an SPF of 30 or higher. Apply sunscreen 10-15 minutes before sun exposure (to allow the skin to absorb it) and reapply every 90 minutes to 2 hours.
5. Clouds do not equal sun protection — even in Seattle! Up to 80% of ultraviolet rays penetrate light cloud cover and some clouds may even increase the intensity of ultraviolet rays by reflecting or refracting sun.
6. Get yearly checks of your skin and seek the opinion of your health care provider sooner if you suspect that you have AKs or other worrisome skin lesions.





Dr. Peter B. Odland



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