

Editorial Note on Actinic Keratosis

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Editorial

A pre-cancerous patch of dense, scaly, or crusty skin known as actinic keratosis also known as solar keratosis and senile keratosis) is a thick, scaly, or crusty patch of thick, scaly, or crusty skin. Fair-skinned people and others who spend a lot of time in the sun are more likely to develop these growths. They normally grow when skin is affected by ultraviolet (UV) radiation from the sun or tanning beds indoors. If left untreated, AKs are thought to be precancerous.

Squamous cell carcinoma is a form of cancer that may develop from them. Treatment by a dermatologist is recommended since untreated lesions have a 20% chance of progressing to squamous cell carcinoma. When skin is continuously exposed to the sun for an extended period of time, these growths form. They normally appear as thick, scaly, or crusty patches that are dry and rough to the touch.

In reality, AKs are frequently felt rather than seen, and their texture is frequently compared to sandpaper. They can be black, light, tan, pink, red, a mixture of these colours, or the same colour as the skin around them. Actinic keratosis lesions are typically 2 to 6 millimetres in diameter, but they can grow to be a few centimeters in diameter. They commonly occur on sun-exposed skin areas like the face, head, neck, scalp, and chest, backs of hands,

forearms, or lips. Many people with an AK have more than one because they are linked to skin damage caused by the sun.

Actinic keratoses are dense, scaly, or crusty areas that are often dry or rough to the touch. AKs are notable for being felt before being seen, and their texture has been compared to sandpaper. They can be black, light, tan, pink, red, a mixture of these colours, or the same colour as the skin around them. Given the connection between sun exposure and AK development, they often occur on sun-damaged skin and in areas that are frequently exposed to light, such as the face, head, neck, scalp, chest, backs of hands, forearms, or lips.

If the clinical examination results are not characteristic of AK and the risk of invasive squamous cell carcinoma cannot be ruled out solely on the basis of the clinical examination, a biopsy or excision of the lesional tissue can be considered for a conclusive diagnosis by histologic examination of the lesional tissue. There are a variety of treatment options for AK. It entails applying a photosensitizer to the skin before illuminating it with a powerful light source. Topical creams like 5-fluorouracil or imiquimod may need to be applied to infected skin areas on a regular basis for several weeks.

Cryotherapy is commonly used for small, well-defined lesions, but it can cause unwanted skin lightening, or hypopigmentation, at the treatment site. AKs may be treated until they grow to skin cancer by seeing a dermatologist. If cancer does grow as a result of an AK lesion, it can be detected early with close monitoring and treated with a high cure rate.

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