

UVR-Sensitive Skin Have a Propensity to Sunburn or Blister

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Introduction

It is often difficult to accurately detect with the naked eye whether it is a benign or a malignant change. For this reason you should consult your doctor as soon as possible so the site can be examined. He or she must then decide whether you can wait and observe the area or whether a sample is already necessary for histological examination. In case of doubt it's better to take a sample once too often than to be sorry. UVR exposure and therefore the extent of an individual's skin sensitivity to UVR are the most determinants of carcinoma risk. Those with UVR-sensitive skin types are typically fair skinned and have a propensity to sunburn, blister, and/or freckle on exposure to UVR, indicators of enhanced susceptibility to UVR's skin-damaging effects. For a given level of UVR exposure, skin cancer risk is highest in fair-skinned UVR-sensitive phenotypes, whereas darker skin colors have a more inherent photo protective capacity because of greater levels of melanin. We have come an extended way, but carcinoma remains a significant threat to our public's health. Each year, one out of three adults and quite half high school students get sunburned. An estimated 900,000 high school students and 78 million adults still put themselves in danger by using indoor tanning devices, which remain available and sometimes unsupervised in many gyms, fitness centers, apartment complexes, and salons. This has resulted in an unfortunate but steady rise in carcinoma incidence rates. Skin cancer, in the sum of Basal Cell Carcinoma (BCC), Squamous Cell Carcinoma (SCC) and Malignant Melanoma (MM), is the most frequent cancer in the white population worldwide. Skin cancer incidence increases worldwide. This introduces a huge health problem in many countries and increases the financial burden on the health systems. However, the main risk factor for the induction of skin cancer is known: UV radiation. Furthermore, detected early, skin cancer is nearly 100% curable. These facts are the main reasons that skin cancer is highly preventable by means of primary prevention (avoidance of risk factors) or secondary prevention (early detection). For early detection of skin cancer, it is necessary to use suitable risk (group) markers to identify persons early enough on their possible way to developing skin cancer. A number of markers are already known (such as skin type and number of nevi). However, the aim is to increase the sensitivity and specificity of early detection efforts (for example in screening programs) by the use of molecular markers or biomarkers in the field of molecular epidemiology. Molecular

epidemiology assesses the biological basis for an association between an environmental carcinogen and the occurrence of cancer by using biological markers (biomarkers) to assess exposure, internal dose, biological effective dose, altered structure/function, invasive cancer diagnosis, tumor metastasis and prognosis as well as susceptibility. We are constantly exposed to a spread of cancer causing agents, referred to as carcinogens, within the food, we eat; within the water, we drink and within the air, we breathe. Our single meal may contain a dozen of carcinogens within the sort of residues of pesticides and insecticides. Exposure to nuclear radiation, ionizing radiation (X-rays, Gamma rays), particle radiation emitted by radioactive substances, radiation and electromagnetic wave can cause cancer. Likewise there is a long list of chemical, physical, biological and geographical carcinogens. Transformation of a traditional cell into a cancerous cell is perhaps not such a critical event within the genesis of cancer rather it's the lack of immune cells of the body to identify & destroy the newly formed cancer cells when they are a few in numbers. We have observed that the danger of cancer is multiplied in those persons, whose system is suppressed thanks to any factor including chronic stress, old age, chronic debilitating disease and abuse of medicine like analgesics, antibiotics and corticosteroids. Moreover, the life has become fast and competitive, from 'cradle to grave' resulting in chronic stress that further enhances the danger of cancer by suppressing system of the body. The incidence of cancer is higher in persons suffering from Human Papilloma Virus (HPV), HIV and other viral infections including hepatitis B and hepatitis C. When a cancer is localized, this can be removed by surgery but in most of the cases, it is practically impossible to detect cancer in such an early stage. The cancerous cells do get killed by chemotherapy and radiotherapy, but both of those therapies also destroy normal cells within the body, resulting in various side effects. Other techniques including targeted chemotherapy, Bone Marrow Transplantation (BMT), somatic cell transplantation, hormonal therapy, SRS, Cyber knife, Gamma knife, photodynamic therapy, cryosurgery, hyperthermia and immunotherapy have their own limitations. While undergoing conventional treatment (such as chemotherapy/target chemotherapy, radiotherapy, hormonal therapy), cancer cells may acquire further mutations and become resistant or refractory to the therapy, resulting in progression or recurrence of cancer.

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