



The heat is on and, as we all head towards the sea or pool at weekends, **Julie Ritter** advises caution—those ultra violet rays from the sun may produce golden tans, but danger can lurk beneath the glow

Beauty and the bronze

The Royal College of Physicians has recently published a report written by the Professor of Dermatology at Glasgow University, Rona M. Mackie. The report entitled 'Links between Exposure to Ultraviolet Radiation and Skin Cancer' studies the association between excessive exposure of the skin to ultraviolet radiation—found in natural sunlight—and skin damage, particularly skin cancer.

Before you all rush indoors and pull the blinds, let's look at the definition of the word "excessive" as in excessive exposure. According to the report, it means "significant exposure to strong midday sun, and any sun exposure that results in prolonged redness of the skin, leading to discomfort, scaling or peeling."

Each person's sun sensitivity, that is, the amount of sun taken without damaging the skin, varies from person to person according to skin type: we should all be aware of our personal limitations.

Dermatologists divide skin type, in relation to sun, into six types: Type 1—Never tans, always burns; Type 2—Tans with difficulty, burns frequently; Type 3—Tans easily, burns rarely; Type 4—Always tans, never burns; Type 5—Genetically brown skin (Asian or Mongoloid). Type 6—Genetically black skin—negroid. Types 1 and 2 usually burn easily after 20-40 minutes' exposure to midday summer sun.

The report warns, repeated sunburn, scaling or peeling not only ages the skin prematurely making it dry and wrinkled but may predispose it to a specific group of cancers. We should all be aware of the danger in view of the severity of the sun and the outdoor lives many of us lead.

Dr K Al Rustom, Dermatologist at the Al Zahra Hospital in Sharjah commented: "I have seen many older patients aged between 45 and 70 with skin problems which have been caused by cumulative exposure to the sun over the years.

"Many of my European patients have Actinic Keratosis, a pink crusty lesion which forms mainly on those areas of the skin often exposed to sunlight, the face, scalp and tops of the ears."

Treatment of Actinic Keratosis in the initial stages, either by the application of liquid nitrogen or a special cream, will solve the problem but Dr Al Rustom warns: "If

left untreated, such lesions will develop into skin cancer."

Two of the most common forms of skin cancer, Basal Cell Cancer and Squamous Cell Cancer, caused by cumulative exposure to sunlight, are an occupational hazard for outdoor workers—farmers, fishermen, construction workers—worldwide. Basal Cell Cancer is a single, shiny pearl-coloured growth which appears as lesions on the face, backs of the hands and forearms and accounts for 80 per cent of skin cancer cases.

Squamous Cell Cancer on the hand, is a painless, irregular growth with a scaly, bleeding surface, again appearing on the sun exposed areas of the skin. This accounts for 15 per cent of all skin cancer cases. Treatment for both is by surgical excision only.

A less common type of skin cancer but most lethal as it can spread to all parts of the body, is malignant melanoma which is currently receiving a lot of publicity in the USA and Australia which has the world's highest incidence of melanoma.

Brown stain

This type initially appears like a slow expanding flat brown stain (similar to a mole) and, unlike Basal Cell and Squamous Cell cancers, is found on the skin of people with indoor professions.

This suggests that those individuals who are unaccustomed to regular doses of strong sunlight and indulge in intense bouts of sunbathing either during their annual holiday or through recreational activities, are more at risk than those who receive a regular dose of sunlight. Those with a large number of moles and a tendency to burn are also placed at risk to malignant melanoma.

By the time they are adults most people will have about 20 or 30 moles on their bodies and in only a very few cases will some turn cancerous. However, moles and lumps which suddenly appear on the skin or pre-existing ones which suddenly change shape, can be worrying and a seven point

checklist has been devised from features commonly seen in malignant melanoma to control them. If you feel you have cause for worry, ask yourself the following questions:

- Is sensation different from the surrounding skin area?
- Does its diameter measure 1cm or more?
- Is its size increasing?
- Is its border irregular in shape?
- Does the density of black and brown colour vary?
- Is it inflamed; does it itch?
- Is there bleeding or crusting?

If your answer is yes to three or more of these questions, you should visit your doctor immediately. Greater awareness and early diagnosis is vital with Malignant Melanoma and mole watching should be part of our regular health care check up.

Over-exposure to the sun is the primary cause of skin cancer. But, are we doing enough to protect ourselves? Dr Al Rustom gives the following advice: "Progressive bronzing is the best solution for this allows the skin to build up protection against harmful ultra violet rays. The use of sun screening preparations with at least a sun protection factor (SPF) of '6' is an effective method of protecting the skin. It will also prevent premature ageing and pre-malignant and malignant skin damage."

No matter how little or how long you've sunbathed, skin must be fed with a soothing moisturising after sun product such as this new addition to the Lancaster range

