

Skin Cancer Can be Sneaky

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Sherry, age 46, came to our clinic for her annual physical examination. During the exam, she mentioned she had noticed a “funny looking mole on the back of [her] thigh.” She wasn’t sure how long it had been there, stating, “I never look back there and the only reason I saw it was I had a mosquito bite and was applying some cream for the itch when I noticed this mole.” Sherry has a light complexion, reddish-blond hair, and reports that she burns fairly easily and uses sunscreen regularly. We noted she had a 10 mm irregularly shaped, two-toned dark brown lesion with ill-defined borders on the back of her left thigh. We referred her to dermatology where a full-thickness excisional biopsy was performed, and she was diagnosed with melanoma. She did not need further evaluation or treatment because it was determined from the biopsy that the lesion had not spread beyond the margins of the tissue sample.

According to the Centers for Disease Control and Prevention, skin cancer is the

most common cancer in the U.S., and the rate of melanoma is 25 percent higher in Maine than the national average. The two most common types of skin cancer, basal and squamous cell cancers, are very curable if found and treated early. Melanoma is the least common skin cancer but, unfortunately, has a far worse prognosis.

The American Cancer Society and the American Academy of Dermatology recommend that everyone do a head-to-toe skin self-examination (SSE) monthly. However, this technique is not routinely taught in primary care settings, and very few patients routinely perform SSE. Ideally, the patient should be instructed to examine the entire body using a full-length mirror under bright lights, looking for any new or unusual skin lesions. They also need to examine the scalp with a hand mirror and look between the toes and at the soles of the feet.

Frequently Asked Questions About Skin Assessment and Skin Cancer

What causes skin cancer? The major cause of skin cancer is the cumulative exposure to ultraviolet (UV) light

over your lifetime, most of which occurs before age 20. If you have had a number of blistering sun burns in your life, you are at a higher risk for skin cancer. Blonds, redheads, and those with blue or green eyes are at higher risk. Smoking, certain viruses, radiation exposure and conditions that suppress the immune system also increase the risk.

What should I be looking for? Some people develop precancerous skin lesions on areas that are exposed to the sun such as the face, ears, arms, legs, and scalp. They may note scaly, crusty, rough, or bumpy spots that may be “actinic keratoses.” Some people may think these are a type of “old age spot” and just ignore them. It is good to catch these lesions early because they can be treated to avoid later development of skin cancer. Actinic keratosis may be difficult to differentiate from cancerous lesions that may be either a basal cell cancer (BCC) or a squamous cell cancer (SCC). Fortunately, both BCC and SCC are slow growing cancers and, if found and treated early, have a very good chance of cure.

Melanoma causes most

of the skin cancer deaths because it is more likely to spread to lymph nodes and organs early in the course of the disease. You should examine your entire body for sores, spots or moles keeping in mind the A, B, C, D and E Rule as recommend by the American Cancer Society: “A” means asymmetrical. Does the mole or spot have an irregular shape? Are there two parts that look very different?

“B” stands for border. Is the border irregular or jagged appearing?

“C” means color. Has the color changed? Is it uneven?

“D” is for diameter. Is the mole or spot larger than the size of a pea?

“E” stands for evolving. Has the mole or spot changed in appearance over the past few weeks or months?

I noticed that I have a funny looking new bump on my arm; should I be worried? If you notice a sore on your skin that does not heal, any new growth on your skin, or a growth that has changed in appearance, you should contact your health care provider right away.

4) What can my health care provider do? Your health

care provider will check the skin all over your body. If there is a suspicious lesion, a biopsy may be performed. This test involves taking a small sample of the abnormal looking area and examining it under a microscope for cancerous cells. Additional tests will be done if there is concern that the cancerous cells may have spread.

5) How is skin cancer treated? Basal and squamous cell cancers can be treated by removal with minor surgery, cryotherapy (freezing the cells), laser therapy or chemical ointments that kill cancer cells. Melanoma may require more extensive surgery, radiation and/or chemotherapy.

6) Can skin cancer be prevented? The American Cancer Society says the best way to prevent skin cancer is to avoid sun exposure whenever you can, and when you are in the sun, wear sunscreen (SPF 30 or higher) and reapply it often (especially after swimming or sweating). Look for a “broad spectrum” sunscreen that protects against both UVA and UVB rays, and make sure you apply an adequate amount (golf ball size). Avoid sun exposure when UV light is most intense: between 10

a.m. and 4 p.m. Wear a wide-brimmed hat, long sleeves, pants and UV blocking sunglasses. Consider purchasing UV protective clothing with a label listing the UV protection factor (UPF). The UPF rating ranges between 15 and 50, and selecting a higher UPF rating offers more protection. Do not use tanning beds.

7) What about self-tanning products? Health care providers consider self-tanners safer than lying in the sun or using tanning beds. The only self-tanners approved by the FDA are those that contain dihydroxyacetone (DHA). There is no evidence that these products are harmful, but care should be taken to not inhale or ingest these products and to protect your eyes during application.

Centers for Disease Control and Prevention (CDC): www.cdc.gov/cancer/skin/statistics/index.htm

American Academy of Dermatology: www.aad.org/public/spot-skin-cancer/learn-about-skin-cancer/prevention

American Cancer Society: www.cancer.org/cancer/skin-cancer/prevention-and-early-detection

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Great East Dental Associates in Springvale prides itself in working with the latest techniques in technology coupled with good old-fashioned patient care.

Dr. Knudsen and his highly trained staff provide exceptional oral health care and provide a variety of services, including dentures, root canal therapy, extractions, teeth whitening, porcelain veneers, dental crowns, dental implants, oral conscious sedation dentistry and laser dentistry.

Dr. Knudsen works with three different lasers right in the office. One detects cavities while another fixes cavities, eliminating the familiar sound of a drill that many patients dislike.

Novocain isn’t even needed in some cases because of how gentle the laser can be. The third laser treats periodontal disease without surgery.

Dr. Knudsen said it’s the most advanced non-surgical technique in treating the disease.

“We push the limits of technology,” he said. He went on to describe the technique: A laser is used to remove infected tissue.

Energy from the laser vaporizes the tissue and toxins from harmful bacteria, which provides healthy, more efficient healing by achieving new attachment of gingival fibers.

“Patients love it because it’s non-invasive and less painful. Traditionally we’d have to go in with a scalpel and cut off parts of the gums. Bottom line is we get results,” Dr. Knudsen said.

Dr. Knudsen also prides himself on doing every procedure in-office.

Patients must often seek a specialist to treat an ailment such as periodontal disease and then go back and forth from that office to their regular dentist.

“I want to be in charge of everything from the beginning to the end – it gives our patients peace of mind,” he said, adding that he and his staff participate in continuing education courses to offer the most up-to-date procedures.

Dr. Knudsen takes special care of children who visit his office.

He was recognized as outstanding in the field of pediatric dentistry and also has two children of his own.

“I treat my young patients as if they were my own family. I do everything to ensure they experience no trauma,” he said.

Dr. Knudsen and his staff work with the best materials in the field.

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Technology is not only important in the dental chair at Great East Dental – clients can schedule an appointment through text message or e-mail.

Dr. Knudsen’s staff of seven includes three hygienists, all of which he describes as family.

“We have fun here. I look forward to coming to work. Isn’t that the way it should be?” he asked.

Dr. Knudsen gives back by participating in Maine’s Donated Dental Services, a project of the National Foundation of Dentistry for the Handicapped. He said the program serves the handicapped and elderly who qualify and he’s always working with one such patient at any given time.

Great East Dental welcomes new patients.

Hours are 8 a.m. to 4 p.m.

Monday through Thursday and Dr. Knudsen is on call seven days a week, 24 hours a day.

Great East Dental Associates is located at Village Green in Springvale, near the Department of Motor Vehicles.

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