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Diagnosis of Skin Cancer and Its Prevention

Ann Freher*

Department of Dermatology, University of Florida, Florida, USA

***Corresponding author:** Ann Freher, Department of Dermatology, University of Florida, Florida, USA; E-mail: annfreher211@gmail.com

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Description

Skin cancer is a disease characterized by uncontrolled cell growth in the skin. Skin cancers are classified into two types: Non-melanoma and melanoma. Together, they account for roughly half of all cancers reported. Melanomas are pigmented cell cancers that are far more dangerous than non-melanoma cancers. Non-Melanoma Skin Cancer (NMSC) encompasses many other cancerous types, but these types are primarily divided into two major subtypes: cutaneous Squamous Cell Carcinoma (SCC) and Basal Cell Carcinoma (BCC), which account for 99% of all NMSCs. Men, are more likely than women to develop NMSC, and the risk of progression is determined by genotypic, phenotypic, and environmental factors. Due to the rising incidence of skin malignancies and the difficulties in developing effective medication delivery methods, it is essential to explore all potential preventative and therapeutic measures. The head and neck are frequently the sites of skin cancer, which can cause severe morbidity during diagnosis and treatment. Radiation, chemotherapy, immunotherapy, cryotherapy, and surgical excision are all possible forms of treatment. Skin cancer affects people of all races; however, because of the photoprotective properties of epidermal melanin, Caucasians are at far higher risk than other races. About 75% to 80% of non-melanoma skin malignancies in people with fair skin are basal cell carcinomas, and up to 25% are squamous cell carcinomas. Skin cancer risk is increased in persons with inherited deficiencies in DNA repair processes, such as those seen in xeroderma pigmentosum and Muir-Torre syndrome.

The majority of nonmelanoma skin cancers are caused by DNA damage caused by exposure to ultraviolet radiation from the sun. People with fair skin are more likely to develop skin cancer than those with dark skin, and men are more likely to develop skin cancer than women. Skin cancer has been linked to exposure to arsenic, coal, and tar, as well as infection with the Human Papillomavirus (HPV), particularly infections causing genital warts. Chronic inflammatory skin diseases, long-term psoriasis treatment, prior radiation treatment, and immune suppression are all factors that contribute to an increase in skin cancer rates. Increased risk is also associated with the rare congenital disorders xeroderma pigmentosum and basal cell nevus.

Diagnosis

Skin cancer is typically diagnosed through a visual examination of the skin. A biopsy may be performed if a suspicious area is identified to confirm the presence of cancerous cells. During a biopsy, a small sample of tissue is taken from the suspicious area and sent to a lab for analysis. If cancer cells are identified, additional testing may be required to determine the cancer's stage and the best course of treatment. Melanoma typically grows for a long time under the top layer of skin (the epidermis) but does not spread to the deeper layers (the dermis). This gives skin cancer more time to be detected. Melanoma is easier to treat if it is detected early. Stage I cancers are less than 2 cm (approximately 3/4 inch) in size; stage II cancers are larger than 2 cm. Neither has spread beyond the skin's surface. Cancers in the third stage have spread to deeper layers of skin, underlying tissues, or nearby lymph nodes. Cancers in Stage IV have spread to other parts of the body, including the muscles, bones, lungs, nerves, and brain. Skin cancer treatment options are determined by the type and stage of the cancer. Basal cell carcinoma, squamous cell carcinoma, and melanoma are the most common types of skin cancer. Surgery is usually used to treat basal cell carcinoma and squamous cell carcinoma, which involves removing the cancerous tissue as well as a margin of healthy tissue around it. Certain types of skin cancer may be treated with Mohs surgery, a specialized technique that involves removing thin layers of skin and examining them under a microscope. Melanoma, a more serious type of skin cancer, may necessitate more extensive treatment. For early-stage melanoma, surgery remains the primary treatment option, but radiation therapy, chemotherapy, and immunotherapy may also be used in more advanced cases. Some patients with advanced melanoma may benefit from targeted therapy, which involves the use of drugs that target specific molecules in cancer cells.

Conclusion

Skin cancer is a dangerous and increasingly prevalent condition that, if detected early, can be successfully treated. Finding out whether people can avoid cancer is the purpose of certain clinical trials for cancer prevention. They could include taking certain medications, vitamins, minerals, or food supplements; exercising; eating more fruits and vegetables; and quitting smoking.

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