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**S**kin is our largest organ, so it's not that surprising that as we – and it – ages, problems become really common. A 2020 Finnish study concluded that eight out of ten adults aged 70 to 93 have at least one skin disease needing further treatment or follow up, while more than a third have three or more.

'Most skin problems are caused or exacerbated by sun exposure,' says consultant dermatologist Professor Alex Anstey, from the Royal United Hospitals Bath NHS Foundation Trust, and author of a new book, *Under the Skin*. DNA damage from the sun is cumulative, meaning that many of us who were young in the Fifties, Sixties and Seventies before the dangers of sunbathing were widely appreciated could now be in trouble.

Skin cancer, the most common UK cancer, is on the rise, with at least 100,000 new cases each year. And the incidence of malignant melanoma, the deadliest form, has risen by 155% in people over 55 in the past 25 years.

GPs aren't always sure what to look for, so

historically, dermatology clinics have been full of patients with less serious conditions, says Anstey: 'The average GP will only have studied skin for a few days or a week at medical school.'

The good news is that the pandemic has accelerated a trend called teledermatology, which involves GPs sharing digital images of patients' lesions with their specialist colleagues. 'Say you go to the GP with a suspect lump or bump, they can view it with a handheld magnifying device, called a dermatoscope, photograph it, and send the image to the local dermatology department,' explains Professor Anstey.

If the problem appears serious, patients can be referred to a consultant. The system has resulted in a shrinking of waiting lists, with

urgent cases now seen within four weeks, he says. But it's still important to keep an eye on your various lumps and bumps: 'If in doubt err on the side of caution and seek advice from a healthcare professional.'

Just as important, he says, is to adopt a cautious approach to the sun: 'There's no such thing as a healthy tan – and it is never too late to start being more careful.'

**'There's no such thing as a healthy tan – and it is never too late to start being more careful'**

## 'WE WEREN'T AWARE OF THE DANGERS OF THE SUN'

Michael Richards, 84, from Bath, and his eldest daughter Nicola, 57, who lives in south-west London, have each had their fair share of skin problems

**W**e didn't have sun lotions when I was young and I used to go red and blister,' says Michael, a retired sales manager. 'My mother was Irish and I inherited her fair, freckly skin.'

He has suffered numerous problems over the years included in our guide overleaf, such as actinic keratoses, seborrheic keratoses, several basal cell carcinomas (BCCs) and a tumour-like growth called atypical fibroxanthoma on the top of his head, and has had several operations and skin grafts.

'When I was told I had to have an operation it was a bit of a shock as you don't know how it's going to affect you, but you wouldn't

know I'd had surgery,' he says.

Nicola, who runs an interior design consultancy, was diagnosed with a BCC in 2017. 'I'm freckly, fair and blonde like Dad, so it wasn't a huge surprise when I began to develop similar skin problems. I was being treated by a beautician for sebaceous hyperplasia on my face, which happens when the oil glands in the skin overproduce oil, which then gets trapped and causes bumps under the skin. I asked her to have a look at a mole on my back.

'She called in the doctor who ran the clinic, and the doctor didn't like the look of it, so I went to my GP who referred

me for a biopsy. It revealed that I had a BCC, which was removed under local anaesthetic.

'Luckily, I haven't had anything since, but I am super-vigilant and know what to look out for. Growing up, we weren't aware of the dangers of the sun. We were out in the garden all day without any sunscreen, and once on holiday in France when I was about 13, I remember getting so badly burnt my skin looked like salami. These days, although I love the sun, I am careful always to cover up and wear sunscreen and a hat.'



**Turn the page for our guide to skin complaints**

# The skin you're in

As we age, we're more prone to the effects of sun damage, as well as odd lumps, bumps and blemishes. But how do you know which are serious and which are harmless? A leading dermatologist helps us out

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## SPOT THE SIGNS

Common skin conditions that occur in later life...

### Seborrheic keratosis

**What is it?** Also known as senile warts, brown warts, wisdom warts or barnacles, they're common on the back, face and scalp. By age 60, nine out of ten people will have at least one. 'Ranging from pale pink and white to light brown and almost black, they often have a "stuck on" appearance,' says Anstey. 'They can also be a bit scabby and bits sometimes come off and re-form.'

**Should you worry?** They're not serious, but can be unsightly.

**Treatment** You may not need treatment but want them removed for cosmetic reasons. Treatments include cryotherapy, shaving off with a sharp blade (shave excision), curettage and cautery (scraping off the lesion and applying heat) or a chemical peel.

### Actinic keratosis (solar keratosis)

**What is it?** Small, dry, scaly or crusty patches which may be white, pink, red, light or dark tan or a combination of colours. They can be warty or horny and sometimes tender, often smaller than seborrheic keratoses. Find them on sun-exposed areas of the face, lips, ears, scalp, shoulders, neck, back of the hands and forearms. 'Men are especially prone to them on the bald scalp and ears,' says Anstey.

**Should you worry?** They can turn into a type of skin cancer called squamous cell carcinoma (SCC), although this is not an issue if you only have one lesion. If you have ten or more, the risk is slightly higher. If the lesion becomes tender, thickened, ulcerated or gets bigger it needs checking out.

**Treatment** Cryotherapy, shave or curettage and electrocautery. For flat lesions, a topical cream/gel.

### Basal cell carcinoma (BCC)/ Rodent ulcer

**What is it?** A small, often skin-coloured or pearly white lump with a translucent or waxy appearance, varying in size from a few millimetres to several centimetres. Usually found on the face, they may also appear as red, scaly patches and are especially common in men. 'Patients often ignore them until they start bleeding or ulcerate,' says Anstey.

**Should you worry?** BCC is a form of skin cancer but it rarely spreads to other parts of the body.

**Treatment** Surgery to cut out the lesion and the skin around it is the most common. Nonsurgical options include cryotherapy, photodynamic therapy, radiotherapy, electrochemotherapy and topical chemotherapy or immune-stimulating creams.

### Squamous cell carcinoma (SCC)

**What is it?** Sometimes similar in appearance to BCC but faster growing. These can be scaly red patches, open sores, rough, thickened or wart-like skin, and sometimes look like a mini volcano, with steep sides and a central crater. They may crust, itch or bleed. Most often found in the scalp and ears (men) and lower legs or backs of the hands (women).

**Should you worry?** SCC accounts for 23% of all non-melanoma skin cancers. Untreated, it can spread, so prompt treatment is vital.

**Treatment** Surgery to excise the SCC under local anaesthetic is the most common; sometimes a skin graft is needed. Other treatments include curettage and cautery as well as radiotherapy.

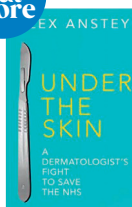
### Malignant melanoma

**What is it?** The most serious form of skin cancer caused by uncontrolled proliferation of the skin's pigment-producing cells, melanocytes. It's most often found on the back in men and legs in women. Previous sunburn, especially with blistering, is a risk factor, as is having more than 100 moles. Clues: changes in the size, shape or colour of an existing or new mole, an irregular shape, itching and/or bleeding, oozing or crusting.

**Should you worry?** Left untreated, melanoma can spread. See your GP without delay if you notice any of the above changes. You should be fast-tracked for diagnosis.

**Treatment** Surgery to remove the cancer and an area around it. If caught early, the outlook is excellent with 80-90% of people monitored for one to five years then discharged.

find out more



### Read...

**Under the Skin: A Dermatologist's Fight to Save the NHS** by Alex Anstey (Whitefox, £9.99); alexanstey.co.uk



### Download...

**The Miiskin app**  
Developed to track moles on your body by creating a photo library of your skin to help determine any changes that occur over time.

### Watch...

[swlondon.nhs.uk/ourwork/dermatology/skin-cancer/](https://swlondon.nhs.uk/ourwork/dermatology/skin-cancer/)  
Saskia Reeken, nurse consultant in skin cancer, explains how to examine your skin for signs of cancer. \*