

Actinic keratosis in Colombia: first approaches

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INTRODUCTION

Actinic keratoses (AK) are preneoplastic lesions secondary to chronic sun exposure, whose risk of becoming malignancy is greater than 20% (1). Prevalence studies of AK are uncommon (2). Here we describe clinical and epidemiological characteristics of patients with AK assessed in a dermatology center from Bogota, Colombia.

MATERIALS & METHODS

A descriptive retrospective study was performed. Data was collected from January 2014 to July 2020. These included age at diagnosis, sex, occupation according sun exposure (inside-job, outside-job and inside/outside-job), dwelling place, Fitzpatrick phototype, anatomical location, progression time, skin cancer (SC) history and development. We used relative and absolute frequencies to describe patients. Data analysis was performed in Epi Info.

RESULTS

Of 820 patients, 61% were women. Mean age was 66 years (SD \pm 12). Of all patients, 5.4 out of 10 were phototype III. The median progression time was 34 months. The 57% (n = 468) of patients had inside-jobs. The face was the most commonly affected area in 750 patients (91%). History of SC was observed in 27% of patients, and 2.56% (n = 21) developed SC, from which five cases were squamous cell carcinoma.

Table 1. Clinical and Epidemiological Variables of Actinic Keratoses in a Colombian Population

	Characteristics	n (%)
Sex	Men	320 (39,02)
	Women	500 (60,98)
Fototype	II	16 (1,95)
	III	444 (54,21)
	IV	109 (13,31)
	V	3 (0,37)
Age	<40	16
	41-65	380
	>65	424
Workplace	Outside	108 (13,17)
	Inside	468 (57,07%)
	Combined	102 (12,44)
Anatomical Location	Face	750 (91,46)
	Scalp	62 (7,56)
	Neck	275 (33,54)
	Upper Limbs	502 (60,98)
	Trunk	155 (18,9)
	Lower Limbs	20 (2,44)
Cancer Progression	BCC	14 (1,71)
	SCC	5 (0,61)
	Melanoma	0 (0)

CONCLUSION

Actinic keratosis may evolve into SC in a considerable percentage conversely to our study. We found that most of the patients with AK had an inside-job, which might reinforce the impact of genetic load, artificial lights exposure and the effect of protection barriers on AK development. Further studies are needed to improve clinical characteristics knowledge associated with AK.

REFERENCES

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