

## Actinic Keratoses: Atypical Aspect

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### Abstract

Actinic keratosis is a hyperkeratotic skin lesion linked to sun exposure, diagnosis is usually very easy, but different situations can lead to diagnostic errors.

We report the case of a patient hospitalized in the service for atypical actinic keratosis.

**Keywords:** Actinic Keratosis (AK); Hyperkeratotic Skin Lesion; Squamous Cell Carcinoma

### Introduction

Actinic keratosis (AK) is a hyperkeratotic skin lesion that appears on skin chronically exposed to the sun.

These lesions are likely to progress to squamous cell carcinoma *in situ* and cutaneous squamous cell carcinoma [1], the diagnosis is usually very easy, but different situations can lead to diagnostic errors.

### Case Report

Mr. B. Mohamed, 66 years old, a farmer by profession, with no particular pathological history, hospitalized for a budding lesion which gradually increases in volume, with no notion of pruritus or bleeding, with preservation of the general condition.

Clinical examination revealed a 7-cm-long, left-sided left jugular lesion that was not painful to the palpation of the deep bone, with several diffuse facial papillary lesions, no palpable lymphadenopathy.



**Figure 1:** Aspect of the lesion.

The patient underwent a biopsy of the lesion, the anatomopathological study of the part revealed an actinic keratosis.

The patient underwent a tumor excision under general anesthesia with a 3 mm margin of excision and the histopathological examination revealed an actinic keratosis with non-tumoral limits. The patient benefited from a directed healing from his loss of substance with good healing.



*Figure 2: Aspect after excision lesion.*

## Discussion

Actinic keratosis is a hyperkeratotic skin lesion linked to sun exposure, the face, the hands. It is observed above all in the elderly, with a clear skin phenotype, and in exposed areas. The lesions are often multiple. Initially appears an erythematous macule, of irregular surface [3].

Hyperkeratinization produces scales that cause slight bleeding if they are pulled out. The base of the lesion remains flexible and, if there is an infiltration, malignant degeneration in squamous cell carcinoma is strongly suspected, which is observed in 13% of cases [2].

Histologically, KA correspond to a proliferation of keratinocytes limited to the epidermis and characterized by an architectural disorder, with keratinocytes of the basal layer of variable size and shape, nuclear atypia and hyperkeratosis of the epidermis. atypical nucleus are enlarged, irregular in shape and hyperchromatic [7].

It is a very common skin lesion in the elderly. the risk of malignant transformation is low (0.025% to 16%); 25% of KA regress spontaneously; 60% of epidermal carcinomas develop on AK [1].

Different forms are described: hyperkeratotic, pigmented, lichenoid, warty, confluent, atrophic, ulcerated [6].

Carcinoma in situ (Bowen) It is mainly differential diagnosis of AK, followed by seborrheic keratosis, basal cell carcinoma, or achromic melanoma. If there is clinical doubt, a biopsy should be performed [6].

Dermoscopy can help with diagnosis. A prospective study of 178 patients compared the diagnostic results obtained by dermoscopy and histopathology, concluding with a concordance of 0.917. The sensitivity of the dermoscopy for the diagnosis of AK was 98.7%, with a specificity of 95.0%; its positive predictive value was 19.74 and its negative predictive value was 0.01 [7].

The proposed therapy varies according to size, morphology, location, number of lesions and terrain. Topical treatments can be offered (emollients, keratolytic agents, 5-FU, Imiquimod, ect) alone or as an adjuvant treatment. Cryotherapy is very common practice (92% of cases) [5].

In the case of disseminated and resistant lesions, dynamic phototherapy can be offered. Finally, some use electro-dissection-curettage [8].

Marginal surgical excision is indicated after failure of these treatments for large lesions [4].

The 2015 Swiss recommendations state that early diagnosis and effective treatment of AK is essential for good long-term development. A treatment targeting both visible lesions and subclinical damage present in the cancer field is recommended [7].

### Conclusion

The photo-exposed skin regions located on the periphery of AK lesions constitute pre-tumor areas of normal clinical appearance, but with multifocal subclinical anomalies which may be the bed of recurrences or new neoplastic lesions. In this situation, treatment should not be limited to visible or palpable KA lesions and should target the physical destruction or elimination of atypical keratinocytes from the entire area.

Such an approach could improve the long-term prognosis, decrease the economic cost associated with the treatment of a recurrent disease and optimize cosmetic results by reducing recurrences and the need for more invasive subsequent treatments.

### Bibliography

1. C Velter, *et al.* "Cancérologie cutanée et dermatite atopique". *Annales de Dermatologie et de Vénérologie* 146.1 (2019).
2. H Bénateau and L Verneuil. Encyclopédie Médico-Chirurgicale 22-062-E-10.
3. J Hafner, *et al.* "Tumeurs cutanées épithéliales Une tâche interdisciplinaire pour médecins de premier recours et spécialistes". *Forum Médical Suisse* 16 (2002).
4. JJ Grob. "Actinic keratosis: diagnostic difficulties and misinterpretation". *European Journal of Dermatology* 22.1 (2012): 10-12.
5. JL Schmutza and P Trechotb. "Disparition de kératoses actiniques avec la capécitabine". *Annales de Dermatologie et de Vénérologie* 139.11 (2012): 759-760.
6. N Degardin and F Delesalle. Elsevier Masson- SCD (2012).
7. P Reygagne and G Rostain. "Au-delà des kératoses actiniques, le champ de cancérisation cutané". *Annales de Dermatologie et de Vénérologie* 145 (2018): 587-592.
8. Stine Regin Wiegell, *et al.* "Pulse-Daylight-Photodynamic Therapy in Combination with Corticosteroid and Brimonidine Tartrate for Multiple Actinic Keratoses: A Randomized Clinical Trial". *Acta Dermato-Venereologica* 99.2 (2018).

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