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Various Diagnosis Techniques of Skin Cancer

Qaiser Iqbal*

Department of Pharmacy, University of Sargodha, Sargodha, Pakistan

Commentary

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***For Correspondence:** Qaiser Iqbal, Department of Pharmacy, University of Sargodha, Sargodha, Pakistan

E-mail: Iqbalq976@gmail.com

DESCRIPTION

Cancers that develop in the skin are known as skin cancers. They result from the growth of aberrant cells that can infiltrate or disseminate to different areas of the body. Basal-Cell skin Cancer (BCC), Squamous-Cell skin Cancer (SCC), and melanoma are the three main kinds of skin cancer. Non Melanoma Skin Cancer (NMSC) refers to the first two as well as other less frequent skin cancers. Basal-Cell Cancer has a modest growth rate, has the potential to harm nearby tissue, but is not likely to metastasize (spread to other places) or be fatal. It frequently manifests as an ulcerous, elevated, glossy, and frequently painless region of skin with little blood veins flowing over it. Biopsy is used for diagnosis.

Causes

Sun exposure, which exposes people to ultraviolet radiation, is the main environmental factor in skin cancer. Other risk elements that are important are as follows:

- Luminous skin tone.
- Age.
- Smoking cigarettes.
- Squamous-cell skin cancer risk is increased by HPV infections.
- Congenital melanocytic nevi syndrome is one of several hereditary diseases that are defined by the occurrence of nevi (birthmarks or moles) of various sizes that either emerge at birth or do so within six months of birth. Nevi that are greater than 20 mm (3/4") are more likely to develop malignancy.
- Chronic wounds that never cure, those are known as Marjolin's ulcers because of the way they appear, and they have the possibility of turning into squamous-cell skin carcinoma.

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Diagnosis

- Histopathological analysis and biopsy are used in the diagnosis process.
- Imaging
- Dermatoscopy
- Sonography
- Confocal microscopy
- Raman spectroscopy
- Fluorescence spectroscopy
- Terahertz spectroscopy

Optical coherence tomography the multispectral imaging technique, thermography, electrical bio-impedance, tape stripping, and computer-aided analysis are examples of non-invasive methods for detecting skin cancer.

In addition to skin examination, dermatoscopy may be helpful in the diagnosis of basal cell carcinoma. OCT is not sufficiently supported by research to be used for melanoma or squamous cell carcinoma diagnosis. OCT might be useful in the diagnosis of basal cell carcinoma, however additional evidence is required to confirm this. A diagnostician can utilize computer-assisted diagnostics tools that analyze images from a dermatoscope or spectroscopy to help in the early detection of skin cancer.

Prevention

Sunscreen is useful in preventing melanoma and squamous-cell carcinoma. There is not much proof that it works to prevent basal-cell carcinoma. Avoiding sunburn, donning protective gear including hats, sunglasses, and clothes, and seeking to prevent prolonged contact to the sun are further recommendations to lower the prevalence of skin cancer. The U.S. Preventive Services Task Force advises against exposing children under the age of nine to ultraviolet light. Reduced midday sun exposure and indoor tanning, increased use of sunscreen, and abstinence from cigarette use are just a few ways to lower the risk of acquiring skin cancer.

Treatment

The type of cancer, its location, the patient's age, and whether it is primary or a recurrence all affect the course of treatment. Young patients with tiny basal-cell cancer may benefit from the best curative option (Mohs surgery or CCPDMA). Radiation therapy (which has a somewhat lower cure probability) or no treatment at all may be appropriate in the event of a difficult-to-excise basal-cell carcinoma of the nose in an elderly weak man with several complicating medical issues. Invasive nodular basal-cell carcinoma and invasive squamous-cell carcinoma may both benefit from topical chemotherapy for a good cosmetic outcome, although big superficial basal-cell carcinoma may not. Melanoma generally responds poorly to chemotherapy or radiation.

More than 90% of instances are brought on by being exposed to the Sun's UV radiation. All three of the major kinds of skin cancer are at increased risk due to this exposure. A weaker ozone layer has contributed to an increase in exposure. Another typical source of UV radiation is tanning beds. Melanomas and basal-cell cancers are more harmful to children who have been exposed to them. Total exposure is more significant in the case of squamous-cell skin malignancies than the specific timing of the exposure. Moles are the primary cause of between 20% and 30% of melanomas.