

Don't ignore that strange looking mole...

By TAN SU YEN

THOSE wrinkles, grooves and assorted wobbly bits may be unwelcome, but they are very much a part of the natural process of ageing. Most people respond by striking a balance between accepting these changes with as much grace as they can muster and doing what they can to preserve their looks.

Some other skin conditions that tend to come on in middle-age — such as psoriasis, certain eczemas and pre-cancerous and cancerous growths — are more challenging to live with and require medical attention. Both psoriasis and eczema are linked to increasing dryness in our skin as we get older.

Dr Wong Su Ni, consultant dermatologist, Pacific Specialist Practice, a member of Pacific Healthcare, explains: "Sebum production is at a maximum in early adulthood, and as we age, sebum production drops and we find that with less oil produced the skin does feel drier. As the skin ages, it is also less able to hold water in the cells, and this contributes to the dryness in the skin. That's why from our thirties we start to notice that the skin on our arms and legs starts drying, and this is accentuated by environmental factors like air conditioning, frequent washing, hot showers and travel to colder, drier climates."

Eczema

Skin that is very dry often itches and cracks creating the preconditions for skin inflammation. Dr Wong says: "When dry skin gets so bad that it starts cracking, you get a crazy paving kind of pattern on the skin. The area around the cracks starts getting inflamed and red, and that is where you get dry skin eczema, also known as 'eczema craquelé' for 'cracked' in French. This form of eczema is common among the older population and typically affects the limbs. In temperate zones, it tends to flare up in winter."

Another form of eczema that affects the middle-aged is what is known as varicose eczema or stasis eczema. Commonly afflicting those over 50, this form of eczema occurs



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around the ankles, and is characterised by skin that is reddened, scaling, darkened and itchy. It comes about because of blood that is pooling around the ankles due to high pressure in the veins as a result of varicose veins. This condition is associated with poor wound healing such that a minor scratch may become a chronic ulcer.

Dermatologists typically prescribe topical corticosteroids to manage eczema as they address the inflammation and the itch and allow healing. Eczema patients are encouraged to avoid severe flare-ups by actively managing their dry skin on a daily basis. Bath oils, oatmeal-based products and soap substitutes are recommended to reduce the dryness caused by bathing and washing, and moisturising regularly at least twice a day is a must. Dr Wong says: "There is no cure for eczema as such. Treatment settles a particular episode but patients must maintain their skincare to minimise the frequency and severity of subsequent episodes. My advice to patients is to always keep your skin moist, never let it dry out."

Psoriasis

Psoriasis is a chronic inflammatory

skin condition characterised by salmon-pink patches that produce silvery flakes. Dr Wong says: "There are two peak ages for the onset of psoriasis, the 20s to 30s and the 50s to 60s. It may turn up for the first time in the form of flaky dry skin like severe dandruff on the scalp, or dry, flaky skin on the elbows or elsewhere. If dry skin is persistent and it is symptomatic, it is a good idea to see a dermatologist."

Psoriasis commonly occurs on the scalp, the elbows, the knees and the lower back, and is caused by an immune condition in which the skin grows too fast. Skin normally renews itself in a 28-day cycle; in psoriasis patients this cycle of skin renewal could be reduced to as little as a week. Approximately one in 10 psoriasis patients may also develop psoriatic arthritis, a condition in which the joints become painful, swollen and progressively deformed.

Topical medication is the first line of therapy in managing mild to moderate psoriasis, and here, Dr Wong, who used to head the Psoriasis Unit at the National Skin Centre, favours a combination therapy of mid-potency steroids with coal tar or Vitamin D cream as the safest approach.

Moles and skin cancers

Moles are harmless skin lesions that tend to follow a growth pattern. Dr Wong says: "At first, moles may be flat and tan, pink, brown or black. Over time, they enlarge and some may develop hairs. As the years pass, some may change slowly, becoming more raised and lighter in colour. Others may not change at all. What we know is that moles have a higher than average risk of becoming cancerous, and may develop into a form of skin cancer known as malignant melanoma. Therefore it is important to recognise the early warning signs of malignant melanoma."

To do this, examine your moles with the ABCDE rule in mind: A stands for Asymmetry, when one half of a mole doesn't match the other; B stands for Border, when the border or edges of a mole are ragged, blurred or irregular; C stands for Colour, when the mole is not the same throughout or if it has shades of tan, brown, black, red, white or blue; D stands for Diameter, when the diameter of a mole is larger than 6mm; E stands for Evolution, when the mole bleeds with no injury, itches, swells, hardens or becomes red.

Dr Wong says: "If a mole changes and displays one or more of the ABCDE criteria, do consult a dermatologist as soon as possible." Darkly pigmented lesions that first appear in middle-age may not be moles but something more sinister, like a melanoma or a pigmented basal cell skin cancer, especially if they are found in sun-exposed areas.

Another type of skin cancer, squamous cell carcinoma, often develops from solar keratoses which are pre-cancerous lesions that look and feel like a rough scale on reddened skin, on a background of sun-damaged skin. Dr Wong advises: "People with sun-damaged skin should be screened by a dermatologist regularly, as early detection and treatment of solar keratoses prevents progression to squamous cell carcinoma. Early detection and treatment of skin cancer also reduces the chances of spread."