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Letter to Editor **Published Date:- 2019-12-11**

Evaluation in real life of the impact of photo-protection counseling in patients with actinic keratosis

Actinic keratosis (AK) are scaly lesions caused by chronic ultraviolet-induced damage to the epidermis which are a proxy for excessive sun-exposure [1] that may evolve into squamous cell carcinoma [2-7]. Therefore, there is a need or continuous surveillance of such patients along with adapted information for an effective photo-protection, practical couselling on photoprotection towards the defined population, i.e. elderly with actinic keratosis. Thus, patient observance and adhesion to the dermatologist recommendations become a real public health issue. In this context, we aimed to evaluate through a non-interventional, real-life observational study, the impact of photoprotection counseling by the dermatologist on patients attitude towards sun exposure

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Commentary **Published Date:- 2019-10-22**

We may need to reconsider when to apply sunscreen in our daily life

Broad-spectrum sunscreens are now widely used worldwide as an adjunct to help prevent sunburn, skin cancers and premature skin aging. In the United States, all persons older than 6 months are recommended to apply sunscreen to all sun-exposed skin from toes to head except eyes and mouth even on cloudy days. Such a recommendation is apparently based on concepts that exposure to sunlight damages the skin, the damage is cumulative and hence any sun exposure should be minimized or prevented. This communication raises several questions suggesting that the above recommendation may need to be reconsidered. For example, numerous previous studies have indicated many potential health benefits from non-burning sun exposure including protection against sunburn, melanoma, colorectal cancer, breast cancer and prostate cancer, increasing vitamin D synthesis, helping sleep, reducing blood pressure, heart attack and stroke. Recent studies suggested that regular lifetime non-burning sun exposure may not result in premature skin aging and the skin aging is mainly caused by the intrinsic factor. Skin aging or whole-body aging has been recently postulated to be mainly attributed to a gradual reduction in cardiac output/index with age and a new anti-aging or age-reversing nutritional theory has been proposed. An apparent lack of long-term cumulative sunray damage was also supported by reported age independence in incidences of sunburn and skin cancers. It is of interest that the current US policy is different from that of World Health Organization and Australia recommending the need of sun protection only when UV Index is 3 or greater. In view of the above, some general guidelines regarding when to best apply sunscreen are proposed.

Case Report **Published Date:- 2019-08-07**

Daub, Discolouration, Pigmentation-Solar Lentigo

Solar lentigo is defined as an alteration in cutaneous pigment deposition on account of exposure to ultraviolet radiation. Solar lentigo is a benign, pigmented lesion with a characteristic increment in the quantification of pigmented keratinocytes. It can manifest as a dark brown spot on the skin.

The benign, pigmented spot or solar lentigo or multiple solar lentigines are preponderantly delineated in the sun exposed skin in a majority (> 90%) of Caucasians above 60 years of age although younger individuals and Asians can be implicated.

Solar lentigines are induced by repetitive exposure to ultraviolet light with constituent mutagenic potential. Ultraviolet radiation can induce a localized proliferation of melanocytes with a subsequent accumulation of melanin within the keratinocytes.

Individuals who are genetic carriers of one or two melanocortin-1- receptor (MC1R) gene or cogent variants demonstrate a 1.5 to twice the probability of developing solar lentigines [1,2].