

# Health Tips for Birders

*Petti Staub, MD*

We are all familiar with the old adage “an ounce of prevention is worth a pound of cure.” This statement aptly applies to the prevention of skin cancer. The majority of all skin cancers are caused by exposure to the sun’s ultraviolet (UV) rays, the effect of which is lifelong and cumulative. Each unprotected exposure increases your lifetime risk of developing skin cancer. Birders who spend a great deal of time in the sun, particularly at coastal and mountaintop watches between 10:00 a.m. and 4:00 p.m. have a significant UV exposure and cumulative risk for skin cancer if preventive measures are not taken. The purpose of this brief article is to discuss how to recognize solar-related precancerous and cancerous skin lesions, and simple preventive measures that most of us are quite familiar with but do not always put into practice – perhaps now we will.

An Actinic keratosis (AK) is a precancerous skin lesion that is commonly found on the scalp, ears, forehead, nose, lips, and sun-exposed areas of forearms and hands of individuals who have a history of frequent sunburns or unprotected UV exposure to these areas. AK’s are small (2-4 mm) dry, scaly, sometimes crusty or horny red patches that persist and may itch or burn. These are easily treated with cryotherapy using liquid nitrogen.

There are three types of skin cancer: melanoma, basal cell carcinoma, and squamous cell carcinoma. Melanoma is the most serious type of skin cancer and can be fatal if the lesion is not recognized and treated at an early stage. This is the one you don’t want to pass over. If the lesion is superficial (noninvasive to deeper levels of the dermis) it is curative with wide excision. Melanoma that is invasive into deeper levels of the dermis can spread to other organs through the lymphatic system and blood. This is much more serious and involves more aggressive treatment, including chemotherapy and radiation therapy. The ABCD signs of melanoma are: *Asymmetry* (a line through the middle would not create matching halves), *Border Irregularity* (scalloped or notched edges – common moles have smooth borders), *Color Variability* (varied shades of brown, tan, or black within the lesion – common moles are usually a single shade of brown; at later stages additional color changes of red, white, and blue may be seen), and *Diameter* (melanomas grow larger than common moles – larger than the size of a pencil eraser). The American Cancer Society reports more than 51,000 new cases of melanoma each year, and this trend continues to rise.

Basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) are the more common types of skin cancers seen as a result of cumulative UV damage. BCC affects 800,000 Americans each year, and SCC more than 200,000. Characteristics common to both of these cancers include a persistent nonhealing sore or reddish patch (three or more weeks) that may bleed, ooze, or crust. BCC’s can be shiny, translucent pink, tan or brown nodules (bumps) with elevated rolled borders and crusted indented centers. Tiny blood vessels (capillaries) may be seen on the surface of the lesion.

BCC's can mimic scars and appear as whitish, yellowish, waxy patches with poorly defined borders. SCC's can be thick, rough, and warty in appearance. SCC's can also have raised borders with a crusted surface over an elevated pebbly base. The pinna (rim of the ear) and lower lip are especially susceptible to SCC. Both of these common skin cancers are easily treated with surgical excision or radiation if the tumor is too difficult to manage surgically. In general, SCC's are potentially more serious than BCC's and have a greater chance of spreading if left untreated.

We are all familiar with the standard recommendations of wearing protective clothing and using sunscreens if we are going to be outdoors and in the sun. UV radiation can be a health risk to your eyes as well as your skin, increasing the risk of cataracts and macular degeneration (a common cause of blindness in the elderly). So what do you say, let's all wear our long pants and long-sleeved shirts, broad-brimmed hats, and UV-protective sunglasses and apply sunscreens rated SPF 15 or higher as standard protocol for all our future birding adventures. Additional information and photos of the skin lesions discussed above can be found at the website for the Skin Cancer Foundation <<http://www.skincancer.org>>. Be well. 

***Perpetua Staub** (Petti) is an Internist in Leominster, MA, where she has been part of a group practice for the past ten years. She started birding in the spring of 1983, thanks to the influence of a college science professor, a birder who spent the first five minutes of every lecture describing what he observed in nature that morning. She became interested in hawks by watching Northern Harriers hunt over the fields near her home in Pennsylvania, and learned basic hawk identification through visits to the North Lookout at Hawk Mountain Sanctuary. In 1990 she began residency training in Internal Medicine at the University of Massachusetts Medical Center in Worcester. When interviewed for that position, the director of the residency program asked why she was interested in the New England area. "Birds" she answered. He laughed and shared that he too was a birder. Petti has been active with Eastern Massachusetts Hawk Watch (EMHW) and has participated in fall hawkwatches on Mount Wachusett (1993-1995) and on Mount Watatic (1996-2002). She is currently the EMHW site coordinator for Mount Watatic.*



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