

# Letters to the Editor

## The Nature of Solar Keratosis

Dear *Cutis*<sup>®</sup>:

I read with interest and enjoyment the May issue of *Cutis*, which focuses on actinic keratoses. I particularly enjoyed the article, "Opposing Views of 2 Academies About the Nature of Solar Keratosis" (2003;71:391-395), by A. Bernard Ackerman, MD. As a Florida dermatologist who treats skin cancer and views skin cancers under the microscope daily, I could not agree more with Dr. Ackerman's basic premise that actinic keratoses are nothing more than early squamous cell carcinomas of the skin. Depending on location, size, and perhaps the patient's genetic tendencies, actinic keratoses will progress more slowly or more rapidly to invasive squamous cell carcinomas. I feel that dermatologists in general and the American Academy of Dermatology in particular need to recognize this truth and begin to see actinic keratoses for what they are: squamous cell carcinomas in situ.

C.J. Cockerell, MD, in his excellent article in the *Journal of the American Academy of Dermatology* (2000;42:11-17), offers a reliable system of nomenclature for actinic keratoses. He grades them (in similar fashion to carcinomas of the cervix) as 1, 2, or 3, based on depth of atypia and other characteristics. I strongly encourage *Cutis* readers to review Dr. Cockerell's article, which I feel is an excellent representation of the way these lesions should be viewed by dermatologists. Thank you for Dr. Ackerman's article and an excellent May issue.

Sincerely,  
Steven T. Powell, MD, PA  
Ocala, Florida

Dear *Cutis*:

I am writing regarding the article, "Opposing Views of 2 Academies About the Nature of Solar Keratosis," by A. Bernard Ackerman, MD (*Cutis*. 2003;71:391-395). It is a sad day when semantics claims victory over common sense. A tadpole is

not a frog, and an acorn is not an oak tree. If you are taking an examination and are shown a picture of an acorn and you identify it as an oak tree, that answer might be deemed clever, or even philosophical, but you should be marked wrong.

Certain truths are perceived at the microscopic level, while another set of equally valid truths appears when we stand away from the microscope. Certainly, the microscope does not have a monopoly on the truth and may, at times, even be misleading. In the world of clinical experience, there is a decided difference between actinic keratoses and squamous cell carcinomas, even if the boundaries between them are occasionally blurred.

In view of this real-world difference, I believe it is still valuable to regard actinic keratoses as precancerous lesions (ie, having the potential to become malignant) rather than as miniature carcinomas.

History shows us that scientific thinking does not occur in a vacuum but is susceptible to outside influences. It may not be entirely a coincidence that there is, at the present time, an economic incentive to define actinic keratoses as carcinomas.

Sincerely,  
Stephen E. Silver, MD  
Waterford, Connecticut

### Author Response

I am gratified that Dr. Powell found to his taste my article about solar keratosis being a superficial squamous cell carcinoma of one type. However, I must demur about his suggestion regarding "grading" these neoplasms in a manner comparable to carcinoma *in situ* of the cervix. The latter schema is fast becoming passé, and for a good reason: it is without merit, because the concept on which it is predicated is flawed egregiously. In the next issue of

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*Dermatopathology: Practical & Conceptual* (Kessler GM, Ackerman AB. Nomenclature for very superficial squamous-cell carcinoma of the skin and of the cervix: a critique in historical perspective. 2003;9[4]. Available at <http://www.derm101.com>), that very matter is addressed, and reasons are given for why “grading” of superficial carcinomas will come to the same sorry end as Broder’s grading of squamous cell carcinomas.

Dr. Silver doesn’t seem to get it, and I will not attempt to convince him, except to call his attention to the fact that all so-called precancers (eg, solar keratosis, arsenical keratosis, radiation keratosis, actinic cheilitis, leukoplakia, extramammary Paget disease, lentigo maligna), in actuality, are superficial cancers. The concept of precancerosis is as dead as Dubreuilh’s idea of “circumscribed precancerous melanosis”! From the tone and content of Dr. Silver’s letter, I infer that, in a previous incarnation, he was among the very last to relinquish the ideas of Ptolemy in favor of those of Copernicus.

Sincerely,  
A. Bernard Ackerman, MD  
The Ackerman Academy  
New York, New York

## Use of the Word *Rash*

Dear *Cutis*<sup>®</sup>:

I object to the use of the word *rash* in reference to skin eruptions and dermatitides in scientific publications and when used by dermatologists. *Dorland’s Medical Dictionary* defines the word as “a temporary eruption on the skin, as in urticaria; a drug eruption or viral exanthem.” *Webster’s New World Dictionary* states that the word refers to an eruption of spots on the skin, usually temporary. The word *rash* is a lay or slang term. Dermatologists don’t use the word *scab* for crusts or *pimple* for papule or pustule. Use of the word *rash* by dermatologists, in my opinion, is unprofessional and demeaning to our magnificent specialty. Two of my mentors, Drs. Sture A.M. Johnson and Eugene Farber objected to the use of the word, as did Dr. Henry Michelson of Minneapolis. In the future, I would suggest that we restrict use of this word to signify anything that is too hasty, incautious, or reckless, as also defined in *Webster’s New World Dictionary*.

Sincerely,  
Donald S. Schuster, MD  
Madison, Wisconsin