



CPC March 2026 Newsletter

MEANINGFUL PARTNERSHIPS WITH CPC – PATIENT EDUCATION

CPC would like to partner with your practice to enhance patient care and provide specialized education related to common skin ailments and what these diagnoses can mean for them. In this newsletter, we will discuss two forms of keratosis - **actinic keratosis** and **seborrheic keratosis**.

Actinic Keratosis An actinic keratosis (AK) is a rough, scaly spot or patch on the top layer of skin that can develop from years of UV light exposure, either from sunlight or tanning beds. There are several other risk factors for AK, which include red or blond hair, light colored eyes, being over 40 years old, working outdoors, or having a weakened immune system.

It can often be found on the face, lips, ears, forearms, scalp, neck or back of the hands. With time it may become hard with a wartlike surface. It is usually slow-growing, sometimes not appearing until after age 40.

Actinic keratosis can also appear in other forms. These can include a flat to slightly raised patch or bump on the top layer of skin. The color can also vary from red to pink to brown. Sometimes, these lesions can be itchy, may burn, or bleed and crust.



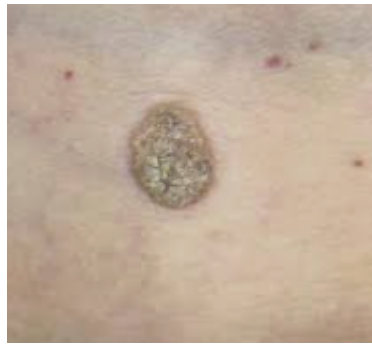
Actinic keratosis

When to see the doctor? It can be difficult to distinguish between noncancerous spots and cancerous ones. So it's best to have new skin changes evaluated by your health care provider — especially if a scaly spot or patch persists, grows or bleeds.

Patients can reduce their risks of this skin condition by minimizing sun exposure and protecting their skin from ultraviolet (UV) rays. If a patient receives this diagnosis, removal and/or other treatments can be discussed. Educated patients should know that left untreated, the risk of actinic keratoses turning into a type of skin cancer called squamous cell carcinoma is about 5% to 10%.

Seborrheic keratosis A seborrheic keratosis is a common noncancerous (benign) skin growth which people tend to get as they age, especially after reaching their 50s. These growths are usually brown, black or light tan. The lesions look waxy or scaly and slightly raised.

They appear gradually, usually on the face, neck, chest or most commonly on the back. On the back, they appear as waxy light tan, brown or black growths that look as if they were dripped onto the skin by a candle. Some can grow large, more than 1 inch (2.5 centimeters) across. Seborrheic keratoses can vary in number, ranging from one to multiple growths. They can also be itchy.



Seborrheic keratosis

Experts don't completely understand what causes a seborrheic keratosis to appear. This type of skin growth has a tendency to run in families, so there is likely an inherited factor. If you've had one seborrheic keratosis, you're at risk of developing others. These types of growths are not contagious or cancerous.

When to see the doctor? See your doctor if the appearance of the growth bothers you or if it gets irritated or bleeds when your clothing rubs against it. It's time to call the doctor if you see any new, rapidly growing lesions or changes in existing lesions, such as bleeding or nonhealing.

Your doctor can usually diagnose seborrheic keratosis just by examining the affected area. These lesions typically don't go away on their own, but treatment isn't needed. You might choose to have it removed if it becomes irritated or bleeds, or if you don't like how it looks or feels.

CPC can help! By integrating our specialized testing expertise with your clinical care, CPC strives to provide tailored educational resources that help patients better understand their results and treatment plans.

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