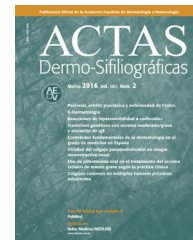




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ORIGINAL ARTICLE

Prevalence of actinic keratosis among dermatology outpatients in Spain



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KEYWORDS

Actinic keratosis;
Prevalence;
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Abstract

Background: Actinic keratoses (AKs) are common skin lesions associated with an increased risk of developing squamous cell carcinoma. Few studies in Europe have focused on AK prevalence. **Aim:** To determine the point prevalence of AKs in a dermatology outpatient population in Spain, to describe the clinical characteristics of these lesions and to characterise the profile of AK patients.

Methods: Observational, cross-sectional, multicentre study conducted in 19 hospitals (dermatology outpatient services) around Spain. A total of 204 consecutive patients per hospital who were ≥ 45 years old were screened for the presence of AKs.

Results: 3877 patients were assessed and the overall AKs prevalence was 28.6%. Prevalence was significantly higher in men than women (38.4% vs. 20.8%, $p < 0.0001$) and increased with age for both sexes (45.2% in 71–80 years). Scalp and ear lesion locations were significantly more frequent in men (51.9% vs. 2.7% and 16.9% vs. 2.4%, respectively, $p < 0.0001$ both cases) and the cheek, nose and neckline in women (46.3% vs. 34.0% [$p < 0.0001$], 43.0% vs. 24.8% [$p < 0.0001$] and 5.3% vs. 1.8% [$p = 0.002$]). Men showed a significantly higher frequency of ≥ 2 affected areas than women (42.7% vs. 20.3%, $p < 0.0001$). Among patients with AK lesions, only 65% confirmed that they were the reason for the visit to the clinic.

Conclusions: Approximately a quarter of the dermatology outpatient population in Spain aged ≥ 45 years old have AKs, with the prevalence rate being highest in men and in older age groups. AK is underdiagnosed and a proactive strategy is needed for the diagnosis and early treatment of these lesions.

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PALABRAS CLAVE

Queratosis actínica;
Prevalencia;
Lesiones cutáneas;
Población
ambulatoria;
España

Prevalencia de queratosis actínica en pacientes ambulatorios de dermatología en España

Resumen

Antecedentes: Las queratosis actínicas (QA) son lesiones cutáneas comunes asociadas a un mayor riesgo de desarrollar carcinoma de células escamosas. Hay pocos estudios en Europa sobre la prevalencia de QA.

Objetivos: Determinar la prevalencia de QA en una población de pacientes ambulatorios dermatológicos en España y describir las características clínicas de los pacientes con QA.

Métodos: Estudio observacional, transversal, multicéntrico (19 hospitales, servicios de consultas externas de dermatología) en España. Se incluyeron 204 pacientes consecutivamente por centro, edad ≥ 45 años y se determinó la presencia de QA.

Resultados: Se evaluaron 3.877 pacientes. La prevalencia de QA fue de 28,6% y esta fue más alta en hombres que en mujeres (38,4% vs. 20,8%, $p < 0,0001$), incrementándose con la edad en ambos sexos (45,2%, 71-80 años). Las lesiones en el cuero cabelludo y en la oreja fueron más frecuentes en hombres (51,9% vs. 2,7% y 16,9% vs. 2,4%, respectivamente, $p < 0,0001$ ambos casos) y la mejilla, la nariz y el escote en mujeres (46,3% vs. 34,0% [$p < 0,0001$], 43,0% vs. 24,8% [$p < 0,0001$] y 5,3% vs. 1,8% [$p = 0,002$]). Los hombres presentaron una mayor frecuencia de ≥ 2 zonas afectadas vs. mujeres (42,7% vs. 20,3%, $p < 0,0001$). Entre los pacientes con QA solo el 65% confirmó que esta era el motivo de la visita.

Conclusiones: Aproximadamente una cuarta parte de la población ambulatoria de dermatología en España ≥ 45 años presenta alguna QA, con una prevalencia más alta en los hombres y los grupos de mayor edad. La QA está infradiagnosticada y se requiere de una estrategia proactiva para el diagnóstico precoz y el tratamiento.

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Introduction

Actinic keratoses (AKs) are common skin lesions primarily caused by non-ionizing radiation, in particular ultraviolet light associated with chronic sun exposure. People with AK have an increased risk of developing squamous cell carcinoma (SCC) and other skin malignancies.¹ A systematic review showed that the progression rate of AK to invasive SCC was between 0% and 0.075% per lesion-year,² with a higher rate of progression for immunosuppressed patients.^{3,4}

Studies of AK prevalence in Europe are scarce and reported prevalence rates vary greatly; ranging from 1% to 3% reported in Italy and Germany^{5,6} to 29% to 49% in men and 24% to 28% in women in Austria and Netherlands, respectively.^{7,8} This variability is most likely due to differences in methodology, population phototype, and the geographic location of the sample.⁵⁻⁹ Currently, there are no data available on the AK prevalence in Spain and AK is thought to be underdiagnosed due to the asymptomatic nature of the lesions.

The main aim of this study was to determine the prevalence of AK in a Spanish population attending general dermatology outpatient clinics for any reason.

Materials and methods

This was an observational, cross-sectional, and multicentre study.

Estimating a 15% of AK prevalence in patients aged 45 years or over and an alpha risk of 95% for an accuracy of 1%

in bilateral contrast, a sample of 4032 patients was planned according to the protocol.

In order to ensure minimal geographic misrepresentation (and avoid potential climate bias), 19 out of 20 Hospitals with dermatology services were selected (1 centre retired before starting of the study) from the different autonomous communities across the northern, central, southern and Mediterranean areas of Spain.

Each hospital aimed to include 204 Caucasian patients, aged 45 years or older, who consecutively attended a general dermatology outpatient clinic for any reason, at any time from October 2013 to April 2014. Immunosuppressed patients were excluded. Written informed consent was obtained from every participant.

Whole-body examinations were performed by certified dermatologists. Patients were screened for the presence of AK lesions at pre-defined anatomical sites (face, scalp, ears, back of the hands and forearms, neck and others). Standardised interviews regarding personal and medical history were conducted and included the following topics: profession, sun exposure habits, use of artificial light sources, and personal history of non-melanoma skin cancer.

Point prevalence was given as percent values; corresponding 95% confidence intervals (95% CI) were computed by a general method using normal distribution.

Description of qualitative variables was performed using absolute frequencies and percentages. Standard descriptive statistics such as mean and standard deviation (SD) were also calculated. Qualitative variables were analysed by the Chi-square test or the Fisher exact test, as appropriate, and quantitative variables were analysed using the *t*-test or the

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