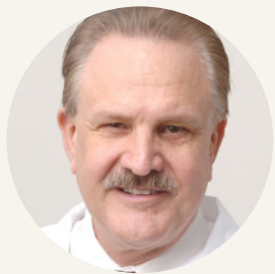


## [Ask The Expert]



By **NEIL ALAN FENSKE, M.D.**  
Tribune correspondent

Many of my older patients complain about the development of unsightly brown spots as they age.

Unfortunately, for most of us this is an inevitable consequence of aging. Many think these are moles or warts, but in fact they are neither.

As we age our moles, which are composed of pigment-producing cells (melanocytes), actually become lighter in color, softer in texture and slowly involute. The exception is a condition known as atypical or dysplastic nevus syndrome, a disorder that predisposes to malignant melanoma, and is characterized by a lifetime of new and changing moles.

These ugly brown spots are generally one of two types of lesions, either lentigines or seborrheic keratoses. Lentigines are flat, tan to brown spots caused by chronic sun exposure. Consequently, they occur on habitually exposed sites such as the face, neck, arms and hands. These lesions are often called “liver spots” but are unrelated to liver disease.

Seborrheic keratoses are typically tan to brown as well, but have a “greasy” feel to them when touched. They start out small and flat, with a notable subtle scale when gently scraped by your fingernail. Over time they become raised with a “wartystuck on” appearance and can vary in color from flesh to brown-black. Patients note that they scrape off easily, only to return. Some can attain considerable size and thickness. These can occur anywhere on the body and are more related to age and heredity than sun exposure. Most of us will develop a few as we age, but some develop hundreds of lesions, greatly compromising their appearance.

# What are those unsightly spots on my skin?



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To the novice, these lesions have some features suggestive of melanoma, because they often exhibit variations in color (tan to brown-black) and grow and change in appearance, like melanoma. Although melanomas can have variations in color too, they also often have shades of red, white and blue. To the trained eye they look very different, thus the need to see a dermatologist if concerned. If we are unsure, then we will perform a biopsy of the lesion.

Now that we know what they are and how they differ, what can be done about them? Since both lentigines and seborrheic keratoses are benign, there is *no medical necessity* to remove them. Nonetheless, you may want to get rid of them for cosmetic purposes.

Since insurance companies do not cover services deemed not medically necessary or cosmetic, you will need to pay for any treatments. There are many treatment options to consider with little down time and minimal risk of scarring. Lentigines can be lightened with specially formulated creams containing predominately hydroquinones, vitamin A acid derivatives and alpha-hydroxy acids. This coupled with an aggressive photoprotection program can often yield excellent results.

Persistent lesions may require cryosurgery with liquid nitrogen spray or light-based interventions such as Intense Pulse Light (IPL) or lasers specifically designed for pigmented spots. Seborrheic keratoses, if flat, also respond to cryosurgery, unless you have a darker skin type. If raised, they are best treated by scraping off (desiccation and curettage).

Dermatologists are experts in knowing what will be the most cost-effective treatment for you should you want to rid yourselves of these unsightly brown spots.