



SKIN CANCER (OTHER THAN MELANOMA)

CARDIOVASCULAR DRUG USE AND RISK OF ACTINIC KERATOSIS

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INTRODUCTION: Actinic keratosis (AK) is a precancerous skin lesion leading to the nonmelanoma skin cancers. The increasing prevalence of actinic keratosis and skin cancers are the reasons for the research over the detection of the new risk factors. It is well established that exposure of the skin to ultraviolet radiations is a major risk factor for the development of actinic keratosis however some studies suggest the association between keratinocyte cancers and photosensitizing cardiovascular drugs.

OBJECTIVE: In this study, we examined the association between cardiovascular drugs use and the risk of actinic keratosis.

MATERIALS AND METHODS: A total of 400 patients were enrolled into the study: 200 patients with the histopathological diagnosis of actinic keratosis (53% women, the mean age 71 years) and the control group comprised of 200 healthy persons (62% women, the mean age 66 years).

RESULTS: Patients with AK took significantly more often ($p < 0.05$) angiotensin-converting enzyme inhibitors (21.5%), calcium channel blockers (16.5%) and angiotensin receptor AT1 blockers (11.5%) compared to the control group (9.5%, 5.5%, 3.0%, respectively). Patients with AK used statins more often (16.4% individuals including 19.4% men and 14.1% women) compared to the control group (8.0% individuals including 5.2% men and 9.6% women), and used more often beta blockers (21.5%) and thiazide (17.5%) compared to the control group (13.0% and 7.5%, respectively). However these differences were not statistically significant. Features irrespectively connected with increased risk of actinic keratosis are taking angiotensin-converting enzyme inhibitors (OR 2.28; 95% CI: 1.2-4.3), angiotensin receptor AT1 blockers (OR 2.90; 95% CI: 1.1-7.9) and calcium channel blockers (OR 2.4; 95% CI: 1.0-5.3).

CONCLUSIONS: Our study presented an association between cardiovascular drugs use and the risk of developing actinic keratosis.

