

## **Dr. Ginés Sánchez, Titular Professor of Dermatology**

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"Professional chronic radiodermatitis develops mainly among doctors and

medical staff when their hands are over-exposed as they come between the X-ray emitting source and the radiosopic screen. It is found in surgeons who used radioscopy, mainly to fix fractures, and paediatricians who used their hands to position the child in the best place for them to observe what they wanted, etc.

The radiation produces a series of harmful effects in the skin, both in the dermis and the epidermis. It causes irreversible damage to the arteries, while in the skin tissue the effects include loss of perspiration and loss of hair, as well as alteration to the nails. The alterations produced in the dermis means that it loses control over the epidermis, giving rise to hyperkeratotic plaques, which are like a dry scab spreading over the skin. When these scabs grow, squamous cell carcinoma may form at the base.

As I say, these effects always evolve, becoming progressively worse. The signs of chronic radiodermatitis become pre-malignant growths, and these pre-malignant growths develop into squamous cell carcinoma, a carcinoma which can potentially metastasize.

I was introduced to Dr. Nevado in 1986 by a dermatologist colleague who was already seeing him because he presented symptoms of chronic radiodermatitis in both hands, but especially in his left hand. Because I was there too, he asked me, 'Please could you have a look at this friend of mine?' I was able to observe the signs of developed chronic radiodermatitis, for in some areas there were evident ulcers and infiltrated hyperkeratotic plaques, which strongly indicated the presence of well established squamous cell carcinomas.

I saw him again eight or ten years later, and to my great surprise I observed that although he had all the signs of chronic radiodermatitis, with the typical signs of atrophy of the skin, hairlessness, alteration of the nails, and areas of increased pigmentation, none of these had progressed beyond the point that I had seen eight or ten years earlier.

I took a closer look and noticed that there were no grafts or any signs of operations having been performed to remove pre-malignant lesions, or even, I would dare to state, of the incipient squamous cell carcinomas which had been present eight or ten years before.

Such conditions always worsen progressively. Never until that moment had I known them to regress over a period of time. And in fact they had disappeared without any treatment. I could see that there

were no telltale scars that might have been produced by electro-coagulation; there were no signs of any skin grafts that might have been performed as follow-up treatment after the removal of the ulcers and growths. The fact was that the chronic radiodermatitis was still present, but the more serious symptoms no longer existed.

That is the way things happened, as I observed them, and I state this in order to comment on something that for me has no explanation. Why it happened, I do not know; but it has certainly happened."