



## MANAGING KERATOACANTHOMA

### TO THE EDITOR:

In the *Case in Point* featured in the December 2003 issue of *The Canadian Journal of Diagnosis*, the diagnosis is said to be keratoacanthoma. The author, Dr. Barankin, then states that local spread and metastases are the main concerns with this lesion. I believe the condition to be non-malignant and self-limiting. Please comment.

John Reo, MD

### THE AUTHOR REPLIES:

Keratoacanthoma (KA) usually has a good prognosis. Recently, however, it has been reclassified as squamous cell carcinoma–keratoacanthoma (SCC-KA) type to reflect the difficulty in histopathologic differentiation, as well as the uncommon, but potentially aggressive nature of KA to spread locally or metastasize.

Surgical excision or electrodesiccation and curettage are often indicated for the treatment of KA due to the condition's rare malignant aspect, the occasional difficulty in ruling out squamous cell carcinoma, the cosmetic appearance of the condition, and its occasionally symptomatic nature. **Dx**

**Benjamin Barankin, MD**  
Dermatology resident  
University of Alberta  
Edmonton, Alberta

### Alzheimer Disease

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**Myth 6** Alzheimer Disease is preventable.

**Reality:** Because there is no known cause for Alzheimer Disease, there is no conclusive evidence that Alzheimer Disease can be prevented. There is, however, a growing amount of evidence that lifestyle choices that keep mind and body fit may help reduce the risk. These choices include physical exercise, a healthy diet including fresh fruits, vegetables and fish, as well as keeping your brain active.