

CIGARETTE SMOKING, SKIN & GENITALS

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The major hazards of the smoking of tobacco are now well known, although many may not heed them, but the effects upon the skin are less well publicized. Exposure to the ultraviolet rays of sunlight is known to cause facial wrinkling. Cigarette smoking is associated with prominent peri-oral wrinkles with narrower, deep, more sharply contoured wrinkles⁽¹⁾.

The effect is presumably due to the many toxins contained in the smoke, some of which are carcinogens toxins and poisons⁽²⁾ and is increased by the amount of exposure to the smoke⁽⁴⁾. The wrinkling increase with the duration and the amount of smoking⁽⁵⁾. The cutaneous microvasculature is constricted by heavy and prolonged smoking⁽⁶⁾. Nicotine causes the vasoconstriction and also an increase in platelet adhesiveness which may be complicated by thrombolytic occlusion and consequent tissue ischaemia⁽³⁾. There appears also to be a genetic basis as some families are affected more than others.

Not only does the continuous heat from incessant smoking cause increased elastosis but some constituents of tobacco smoke stimulate neutrophils to release elastase in abnormal quantities⁽⁷⁾ thus creating the so-called "smoker's face"; the premature excessive wrinkling being further aided by the decrease in the moisture content of the facial stratum corneum⁽⁸⁾.

Smoking can cause several skin diseases and aggravate others as well as delaying wound healing. Several studies have shown an association between smoking and psoriasis, lip cancer⁽⁹⁾, oral cancers⁽¹⁰⁾, and leukoplakia, or "smoker's tongue", affecting the anterior two-thirds of the dorsum⁽¹⁰⁾.

Maternal smoking during pregnancy and lactation has been correlated with an increased risk of atopic dermatitis in the offspring⁽¹¹⁾, and the smoking of cigarettes and the use of cocaine have been associated independently with an increased risk of abortion⁽¹²⁾. Smoking is also a risk factor in the development of discoid lupus erythematosus in genetically predisposed individuals⁽¹³⁾.

Other disease and conditions with possible links to smoking include thrombo-angiitis obliterans, nail discolouration, systemic lupus erythematosus⁽¹⁴⁾, Grave's Disease⁽¹⁵⁾, rheumatoid arthritis⁽¹⁶⁾ and Burger's Disease⁽¹⁷⁾. It has been suggested that penile and vulvar cancers are more common amongst smokers than non-smokers, possibly associated with

the increased prevalence of human papilloma virus DNA⁽¹⁸⁾. There is increased prevalence of human papilloma virus DNA associated with smoking and sexual activity⁽¹⁸⁾. Cigarette smoking has been associated with a reduction in the Langerhan's cell count in both normal and diseased epithelium⁽¹⁹⁾ and there are suggested associations with precocious sexual intercourse, multiple sexual partners and with antibodies to HSV2⁽²⁰⁾. The symptoms of urethritis are more among smokers⁽²¹⁾ and bacterial vaginosis among female smokers⁽²²⁾ with greater number of microorganisms in the cervical mucus.

Consequently, if we dermatologists could publicise more the effects of smoking, not only on the various systems of the body but also on the skin, it might persuade more people to give up the habit in favour of a healthier life, better appearance and a more enjoyable future. After all, who really wishes to "enjoy" an appearance and odour reminiscent of a dried haddock?

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