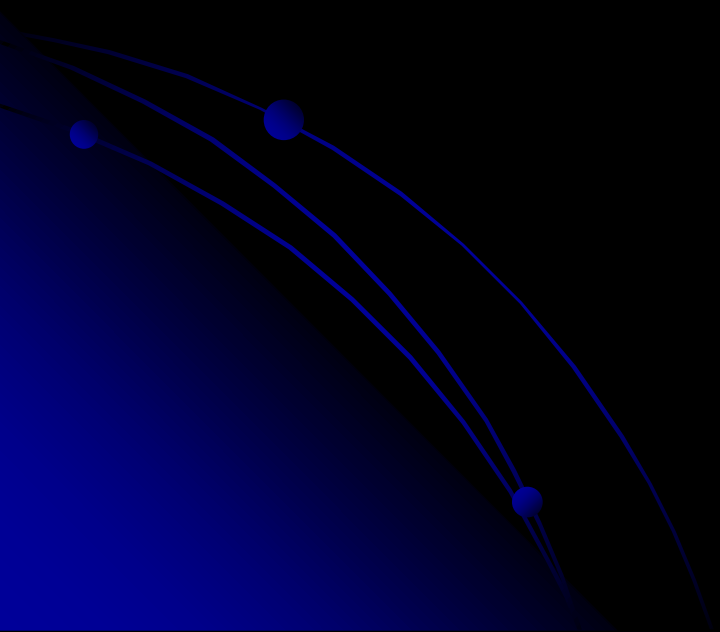


Malignant skin tumors



Basal Cell Carcinoma

- The commonest skin cancer.
 - Typically affects individuals between the age of 40 and 79 years.
 - more than 50% are males.
 - more than 85% occur in the head and neck region.
- Common site in the face is above the line joining the angle of the mouth and the ear lobe. Most common site of presentation is the medial canthal area on the lower lid.
- more common in sun exposed parts of the body.
 - more in fair(white)skin peoples.
 - common in those who spend long time working outdoors like farmers and sailors (chronic accumulative sun exposure).
 - UV light type B(in sun light) has a role as carcinogenic factors.
 - basal cell carcinoma usually grow slowly, but locally invasive and penetrate deeper tissues, so it is called rodent ulcer. Metastasis is rare.
 - The patient gives a history of “spot” that fails to heal.



- There are **5 clinical types of BCCs**:

1. **Nodular**. typical presentation as a nodular appearance with a pearly rolled edge and telangiectatic vessels.

2. **Superficial**.

3. **Cystic**.

4. **Pigmented**.

5. **Morphic**.

- Differential diagnosis; Squamous cell carcinoma, solar keratosis, Malignant melanoma.

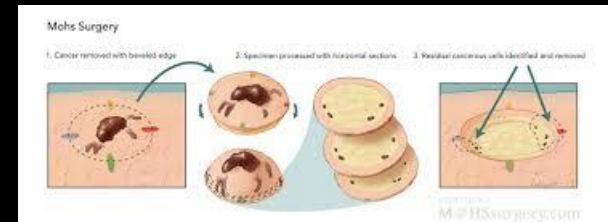
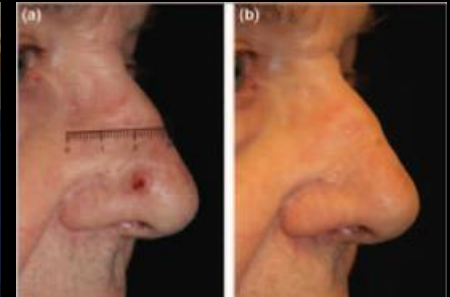
- Diagnosis by history, clinical examination and biopsy.



- **Treatment:**

1. **Surgery** as excision of tumor with safe margin of 2-5mm.
2. **Radiotherapy.**
3. **Laser.**
4. **Cryosurgery.**
5. **Mohs' surgical technique.**
6. **Curettes and electrodesiccation.**
7. **Chemotherapy as 5 flouro Uracil.(5FU).**

- The recurrence rate is less than 10% in all modalities of treatments except with chemotherapy is about 20%. In case of Recurrent BCC the recurrence rate is about 34%.



Squamous Cell Carcinoma

-cell of origin is the keratinocytes(keratinizing epithelium, spindle cells) .

-Etiology;

1. solar radiation: chronic accumulative exposure to sun light (UV type B),so it is common in those working outdoors for long periods as farmers & sailors, & it is common in sun exposed parts of the body mainly face & hands, in the face the common site is the area below the line joining the angle of the mouth and the earlobe, 95% of SCC occur in the lower lip.

2. chemicals as smoking &spicy food.

3.chronic ulcers & skin diseases as pressure ulcers, osteomyelitis(with discharging sinus), old scars(results in SCC called Marjolin's ulcer), radiation dermatitis, Discoid lupus erythematosus, solar (actinic) keratosis,-----e.t.c.

4.hereditary factors: as SCC is common in those with blue eyes &fair skin, also is common in those with Xeroderma pigmentosa & Albinism.



-Premalignant conditions are;

1. **Leukoplakia.**
2. **Solar keratosis.**
3. **Bowen's disease(SCC in situ).**
4. **Radiation dermatitis.**
5. **Xeroderma pigmentosa.**

-Types:

Clinical types:

1.Slow growing type, verrucous nature, exophytic. It is locally invasive & could metastasize.

2.Rapid growing type, nodular and indurated. Early ulcerate with local invasion & high rate of metastasis.

-Histopathological types:

1.Well differentiated type with high survival rate(CL.1).

2.poorly differentiated type with poor prognosis(CL.2).



- Metastasis**: local invasion & destruction, lymphatic, and hematogenous metastasis.
- D.D.; solar keratosis, Keratoacanthoma, BCC, Chronic skin diseases.
- Diagnosis: history, clinical examination & biopsy.
- Treatment: same modalities used for BCC, but with surgery the safe margin is 1cm in the face & 7cm in other areas of the body.

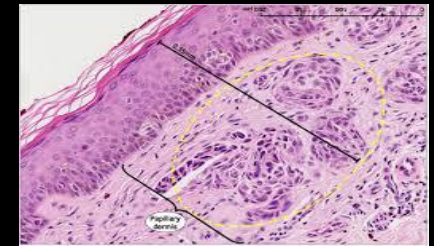
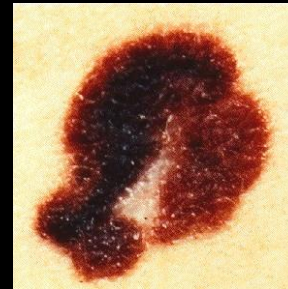
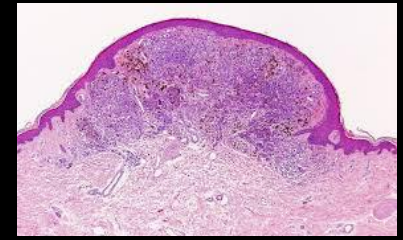


Malignant Melanoma

- cell of origin is Melanocytes.
- etiology; sun light mainly type C.
- common in sun exposed parts.
- premalignant conditions are naevi(different types), Lentigo maligna.

-Clinical types:

1. **Superficial spreading type.** With high 5-year survival rate(90%).
2. **Nodular type.** With 5-year survival rate less than 40%.
3. **Lentigo maligna melanoma.** Common in old age people and sun exposed parts.
4. **Acral lentiginous melanoma.** Common in black skin peoples, mucocutaneous junctions(lips & perianal areas), palm and sole.
5. **Amelanotic melanoma.**



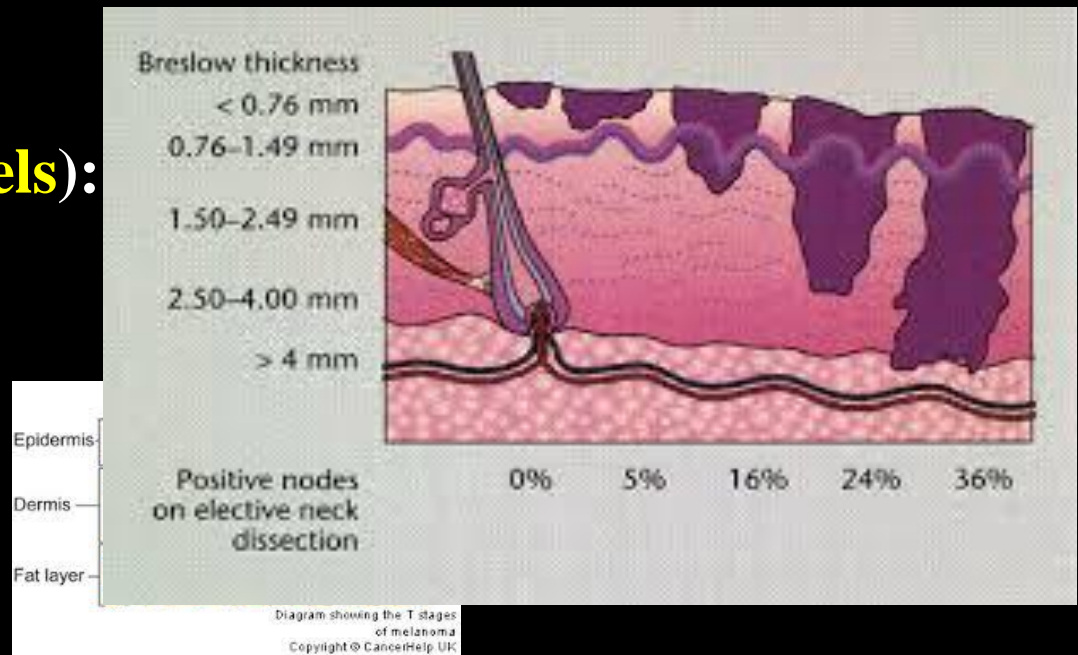
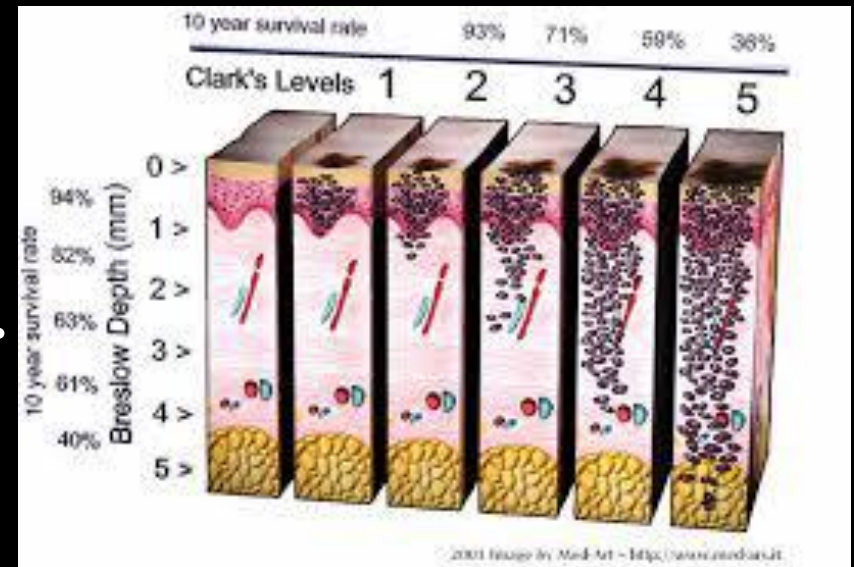
-Histological grading:

Clark's levels:

- I** within the Epidermis.
- II** within the papillary dermis.
- III** at interface between papillary and reticular dermis.
- IV** at level of reticular dermis.
- V** invades to the subcutaneous tissue.

Breslow's thickness(levels):

- less than **0.76**mm.
- **0.76-1.5**mm.
- **1.5-4**mm.
- More than **4**mm.



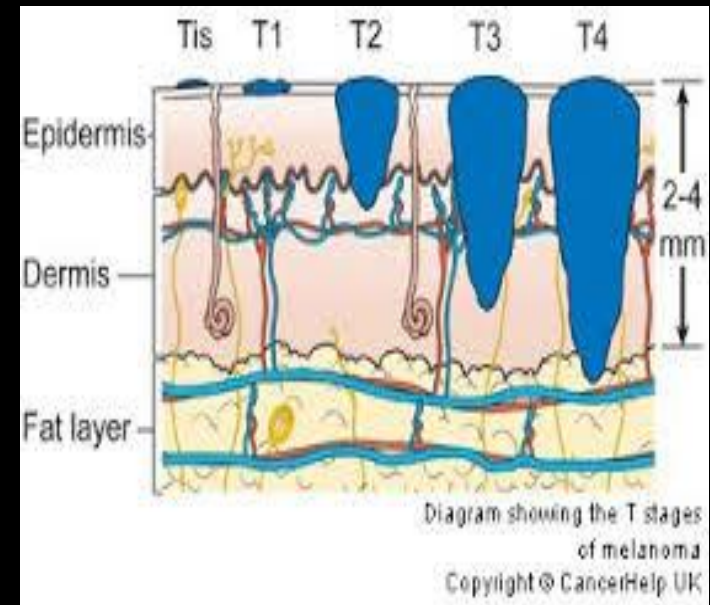
Metastases

1. Locally invasive.
2. Lymphatic to the regional lymph nodes, melanoma in-transit is a pigmented lesion between the original lesion & the regional lymph nodes (which indicate presence of malignant cells in lymphatic vessels).
3. Hematogenous



Staging: TNM Staging

Stage	Criteria
IA	Localized melanoma <0.76mm or level II (T1N0M0)
IB	Localized melanoma 0.76-1.5mm or level III (T2N0M0)
IIA	Localized melanoma 1.5-4mm or level IV (T3N0M0)
IIB	Localized melanoma >4mm or level V (T4N0M0)
III	Limited nodular metastasis involving only one regional lymph node, or fewer than 5 melanoma in transit metastases without nodular metastases (any TN1M0)
IV	Advanced regional metastases (any T, N2M0) or any patient with distant metastases (any T, any N, M1orM2)



D.D; pigmented BCC, Naevi.

Diagnosis; History, clinical examination, and biopsy.

Treatment:

1.Surgical excision. safe margin 3cm.

2.Radiation.

3.Chemotherapy.

4.Immunotherapy.



Fig. 1. Patient 1 with nodular BCC of left cheek. Primary size was 20/12 mm.
(a). In March 2005, treatment with polyantigenic xenogeneic antitumor vaccine (PAXAN) was started. In July 2005, clinical effect was stable disease.
(b). In July 2005, local active immunotherapy by means of IL-2 was started. In November 2005, clinical effect was minimal response.
(c). In October 2006, local pathogenetic treatment was started. In January 2007, after 2.5 months of local pathogenetic treatment the clinical effect was complete response. Skin of the left cheek is clean.
(d). In December 2009 and in June 2010, skin of left cheek is clean.