

SKIN CANCER, SQUAMOUS CELL



BASIC INFORMATION

DESCRIPTION

A malignant growth of the epithelial layer (external surface) of the skin. It usually involves skin in areas exposed to the sun, such as the face, ears, hands or arms and more often affects adults over 40.

FREQUENT SIGNS AND SYMPTOMS

A small, red, scaling, raised bump or nodule on the skin that crusts and eventually ulcerates. The bump doesn't hurt or itch.

CAUSES

- Excessive exposure to sunlight.
- Skin damaged by radiation.
- Immunosuppression due to illness or drugs.
- Exposure to coal tar, other oil and tar derivatives.

RISK INCREASES WITH

- Adults over 60.
- Light complexion.
- Recent illness with chronic skin ulcers from any cause.
- Outdoor occupation.
- Occupation or treatment requiring exposure to X-rays.
- Actinic keratosis.

PREVENTIVE MEASURES

- Wear sunscreen (sun-protective factor of 15 or more) or hat and protective clothing to protect skin from sun damage.
- Perform monthly self-exams of your skin, especially if you have had previous skin cancers.

EXPECTED OUTCOMES

Curable with appropriate treatment.

POSSIBLE COMPLICATIONS

- Must be treated again in 10% of cases.
- Cancer will spread to other tissue if untreated (rare).



TREATMENT

GENERAL MEASURES

- Diagnostic tests may include pathological exam (biopsy) of tissue after removal to confirm diagnosis.
- Treatment selection varies with appearance, extent and location of the lesion:
- Removal of cancer by one of the following methods. The treatment method is chosen in a doctor-patient conference:

1. Curettage and electrodesiccation—local anesthetic applied, then cutting out or shaving of lesion, followed by high-frequency electrical current to destroy tissue with heat.
2. Surgical excision—local anesthetic, then skin is marked for surgery, and a scalpel is used for the excision.
3. Moh's surgery—a specialized type of excisional surgery used to treat high-risk cancers.
4. Cryosurgery—use of liquid nitrogen to freeze and kill the cells. A local anesthetic is often used.
5. Laser treatment—is being used in some medical centers.
6. Radiation treatment—used if tumor location requires it, such as locations near lips and eyelids.

After surgery:

- Apply diluted hydrogen peroxide or sterile saline solution to the scab twice a day.
- Apply an adhesive bandage to the scab during the day. Leave it uncovered at night.
- Wash the wound as usual. Dry gently and completely after bathing or swimming.

MEDICATIONS

- For minor pain, you may use non-prescription drugs, such as acetaminophen or aspirin.
- Antibiotic ointment to prevent wound infection may be prescribed.

ACTIVITY

After treatment, resume normal activity as soon as possible.

DIET

No special diet.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of squamous-cell skin cancer.
- The following occur after treatment:
 - Redness, swelling, bleeding or tenderness at the treatment site.
 - Pain is not controlled by non-prescription pain relievers.
- The sore has not healed 3 weeks after treatment.