Skin cancer. Melanoma

UV radiation increase risk of skin cancer on 70%





Common Premalignant and Malignant Neoplasms of the Skin

| | Premalignant | Malignant | | | |
|---|--|---|--|--|--|
| Epidermis | Keratoacanthoma Actinic keratosis Arsenical keratosis HPV-induced premalignant papules (epidermodysplasia verruciformis, bowenoid papulosis) Mucosal leukoplakia | Basal cell carcinoma Merkel cell carcinoma Squamous cell carcinoma | | | |
| Dermal | | Dermatofibrosarcoma protuberans Malignant fibrous histiocytoma Angiosarcoma | | | |
| Appendageal | Nevus sebaceous | Sebaceous carcinoma Extramammary Paget disease | | | |
| Benign cutaneous tumors associated with cancer syndromes Trichilemmomas → Cowden disease (breast/visceral tumors) Sebaceous tumors → Muir-Torre syndrome (GI/GU tumors) Mucosal neuromas → MEN type IIB (thyroid carcinoma/pheochromocytoma) | | | | | |

Obligate precancerous

Pigment kseroderma, Bowen disease, Eritroplasia Keyra







Facultative precancerous

Keratoacantoma of nose, Diskeratosis in old man, seborrhea keratosis, skin horn









BASAL CELL CARCINOMA Definition

Basal cell carcinoma is a malignant tumor that rarely metastasizes. It is composed of cells that arise from the epidermis and the appendages which resemble the basal layer of the epidermis and is associated with a characteristic stroma. It tends to grow slowly and invade locally over many years, which eventually leads to ulceration, hence the name "rodent ulcer."

Epidemiology

Basal cell carcinomas account for more than 75% of keratinocytic skin cancers diagnosed in the United States each year. The incidence of basal cell carcinoma varies from 422 per 100,000 general population in Kauai, Hawaii, to 146 per 100,000 in Rochester, Minnesota. The average annual incidence in the United States is 191 per 100,000 white persons. It is the most common form of skin cancer in whites. It is very rare in darkly pigmented people. It most frequently occurs in persons older than 40 years of age. The frequency is slightly higher in males. Other risk factors include geographic locations with high solar intensity, exposures to inorganic trivalent arsenic, ionizing radiation, and immunosuppression.

Basal cell carcinoma





Basal cell carcinoma (pigment form)









Ulcerous type

(ulcus rodens)

(Basalioma terebrans)





Perforating basalioma





Cryosurgery





Basal cell carcinoma before and after cryosurgery

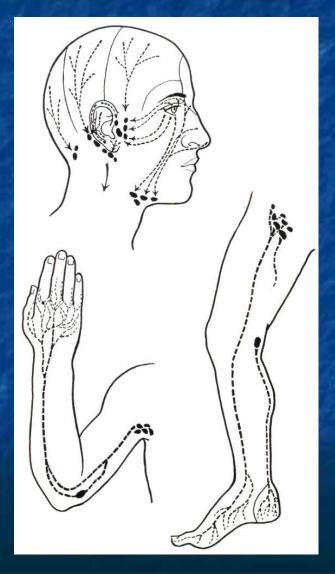




SQUAMOUS CELL CARCINOMA. Definition

Squamous cell carcinoma is a malignant tumor arising from epidermal or appendageal keratinocytes or from the squamous mucosal epithelium. There is often a history of damage by exogenous agents acting as carcinogens, such as sunlight, ionizing radiation, local irritants, or arsenic ingestion. The tumor cells have a tendency toward keratin formation.

Ways of lymphatic spread



Cancer of skin









Cancer of skin (exophyt form)





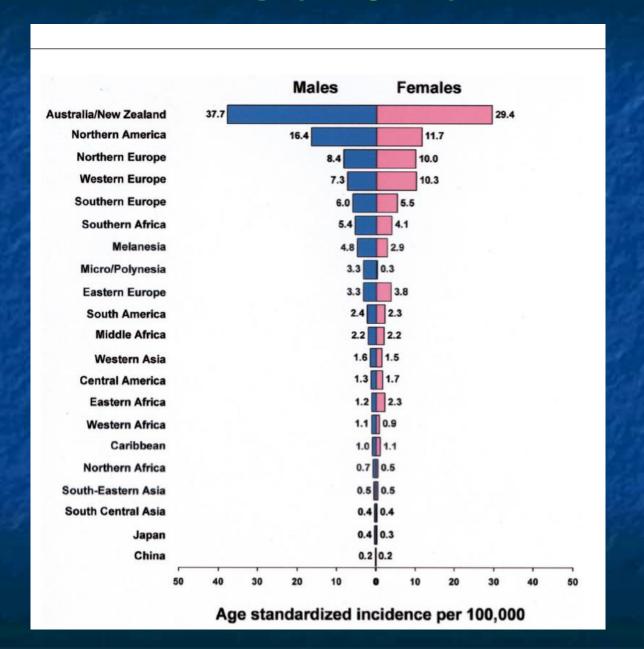
Cancer of skin. Advanced form



Epidemiology

Malignant melanoma of skin accounts for 160,000 new cases annually, with slightly more occurring in women than in men (M:F sex ratio, 0.97). It is a tumor particularly common in White populations living in sunny climates. High rates of incidence are found in Australia/New Zealand, North America, and northern Europe

Melanoma



Epidemiology

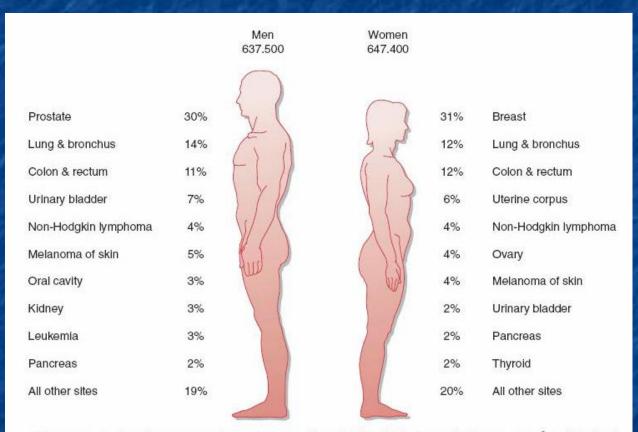


Figure 27-2 Estimated percentage of new cancer cases for 10 leading sites by sex, United States, 2002. *Excludes basal and squamous cell cancers and in situ carcinomas except urinary bladder. Source: American Cancer Society: Cancer Facts and Figures, 2002.

Dangerous nevus

Nevus of Settona, Intradermal nevus, Blue nevus







Dangerous nevus

gigantic nevus, Oto's nevus, Ito's nevus







Dangerous nevus Melanoz of Dubrea





| Normal Mole | Melanoma | Sign | Characteristic |
|-------------|----------|-----------|---|
| | | Asymmetry | when half of the mole does not match the other half |
| | | Border | when the border (edges) of the mole are ragged or irregular |
| | | Color | when the color of the mole varies throughout |
| | | Diameter | if the mole's diameter is larger than a pencil's eraser |

Photographs Used By Permission: National Cancer Institute

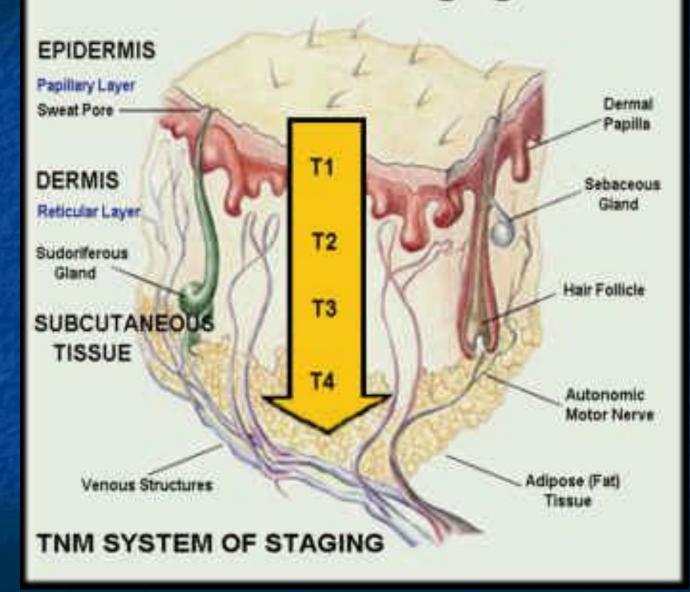
Melanoma



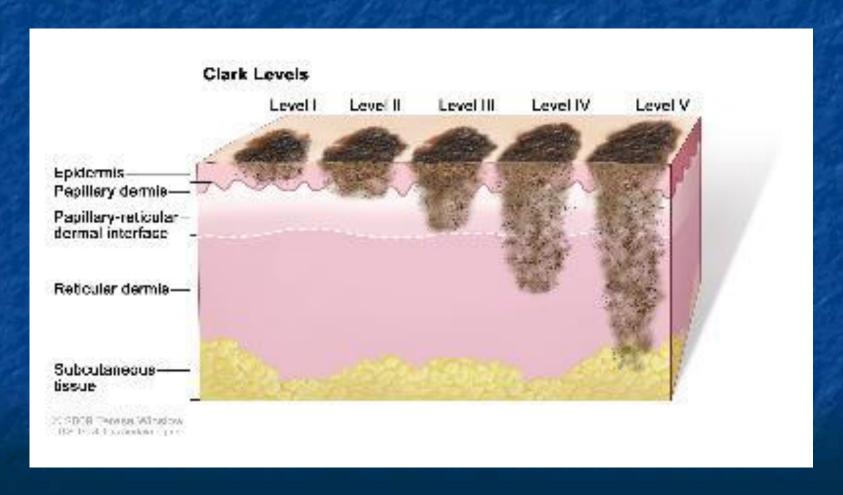
Differential Clinical Features of the Common Types of Melanoma

| Type of Melanoma | Common Location | Median Age (Years) | Gender Predilection | Duration | Identifying Feature of the Radical Growth Phase ^a |
|-----------------------|--|-----------------------|---|-------------------|---|
| Lentigo maligna | Sun-exposed surfaces (head and neck most common) | 70 | None | 5-15 years | Flat, shades of tan to black, frequent areas of hypopigmentation |
| Superficial spreading | All body surfaces | 56 | Males' head, neck, trunk; females' lower legs | 1–5 years | Flat to slightly raised; irregular margins; shades of brown, black, pink; areas of hypopigmentation |
| Nodular | All body surfaces | 49 | None overall; males' head, neck, trunk | 1 month-2 years | None |
| Acral-lentiginous | Volar and subungual areas | 59 | Slight female predominance | 2 months-10 years | Tan to dark-brown macule |
| Mucosal lentiginous | Oral, ocular, and genital mucosa | 56 | Slight male preponderance, but varies geographically | 4-20 years | Tan to dark-brown macular area |

Melanoma Staging



Clark's method of microstaging defines five levels of penetration through the dermis to the subcutaneous fat



Satellites of skin's melanoma

