

Skin Cancer in General

(Please read along with Lumps and Bumps Information Sheet)

The common types of skin cancers are:

-Pearly lesions= **BCC**, short for basal cell carcinoma (also called Rodent ulcers). Grow slowly and locally. Do not spread. Most benign type of skin cancer.

-Crusty lesions= **SCC**, short for Squamous cell carcinoma. Can spread to other areas of the body.

-Pigmented lesions= **Melanoma**, malignant condition with tendency to spread to other areas of the body.

Main Presentation:

-Sometimes just noticed by self/others/GP. Lesion is persisting and does not want to heal

-ABCDE (asymmetrical lesion/borders irregular/colour changes/larger/evolving)

-Bleeding and itching

Precancerous Lesions (can develop into skin cancer)

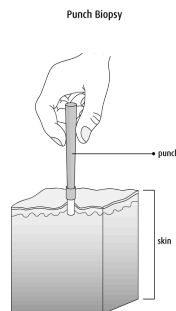
-Surface, crusty and red lesions= Actinic keratosis. Typically treated with creams or liquid nitrogen spraying.

Diagnosis:

-Sometime appearance itself is clear for diagnosis

-Biopsy

- Shave biopsy-take a thin shave of the lesion as a sample.
- Punch biopsy-take a 3/4mm piece of the lesion to get pathology. This is done with a Punch like instrument. Wound closed with dissolving suture. Frequent procedure of choice as small scar.



- Incision biopsy-take a piece from the lesion with knife.



- Excision biopsy-remove lesion completely with narrow margins.

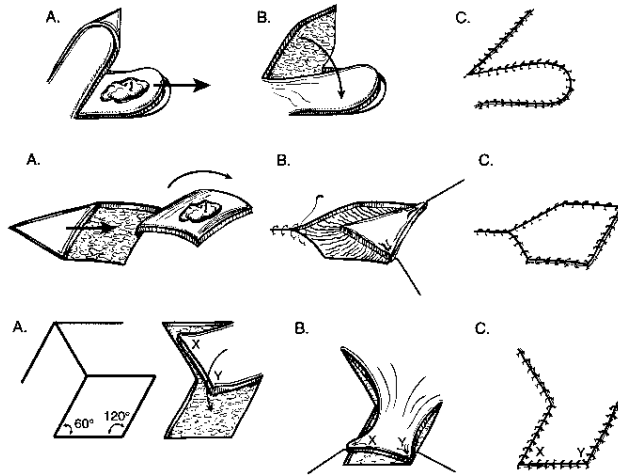
Treatment: Numerous options available.

-Surgery

- Procedure frequently of choice
- **One step**-removal of lesion and reconstruction at same time
- **Two step**-biopsy first and then removal of lesion with reconstruction if needed
- Mohs surgery-done out of town. Particularly for difficult areas and ill-defined tumours
- Procedures are all done under LA in ambulatory care

-Types of Surgical reconstruction

- Flap-pulling some skin across for difficult areas. Gives better cosmetic results than skin grafting.



- Skin grafting-done for larger areas. Can leave a contour deformity and cosmetically inferior to a flap in healing and appearance.

-Lymph node biopsy

- Required for deeper melanoma (termed as Sentinel lymph node biopsy)

-Radiotherapy

- Done for ill defined areas and challenging areas

-Chemotherapy

- Infrequently required for skin cancers

LONG TERM

-Sun awareness, skin awareness and sunscreen

-BCC, typically no follow up





Dr Sanjay Azad Plastic Surgeon
Revere Esthetique

-SCC/Melanoma follow up between 2-5yrs

