Skin Cancer

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Skin Cancer

most common human malignancy

SKIN CANCER

MELANOMA

NON-MELANOMA

Squamous Cell Carcinoma

Basal Cell Carcinoma

Skin Cancer





Benign skin lesions





Benign skin lesions

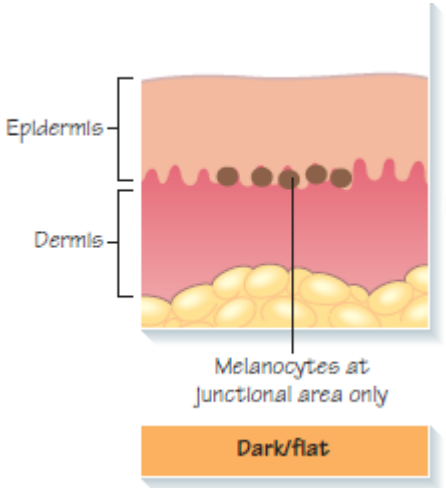
A-(a)symmetry
B-border
C-colour
D-diameter <6 mm
E-evolution

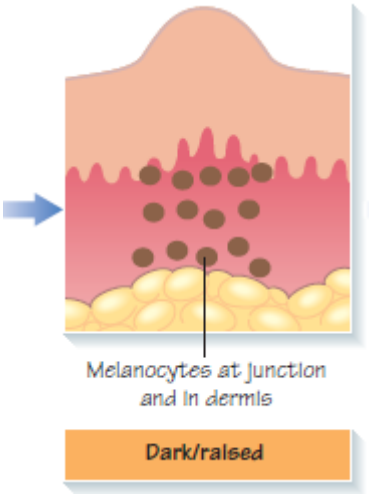
Benign skin lesions
Naevus (moles)- Melanocytes

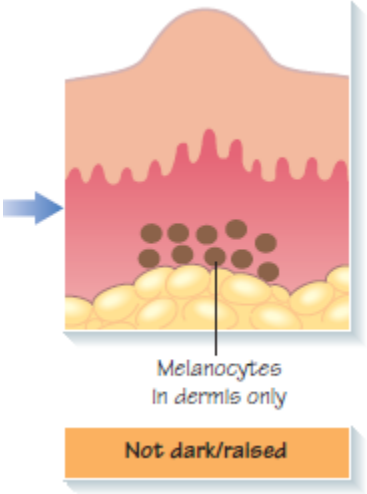
Juctional Naevus

Compound Naevus

Intradermal Naevus







Benign skin lesions
Atypical Naevus (moles)

Benign skin lesions- melanocytes

Solar lentigo

Freckles

Halo Naevus

Congenital Naevus

Benign skin lesions-epidermis

Hemangioma

Dermatofibroma

Seborrheic wort

Skin Tags

Skin cancer-Melanoma

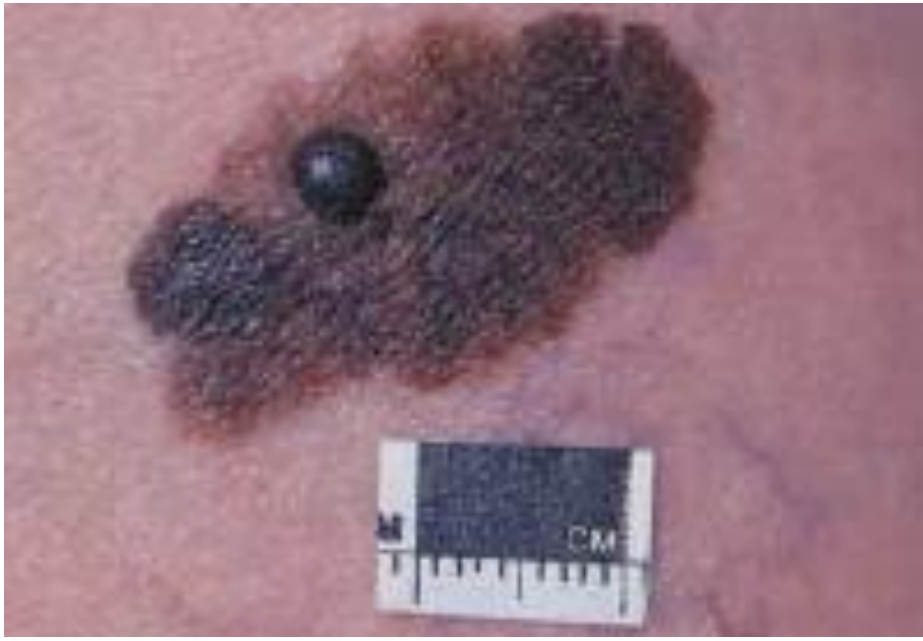
A=asymmetry

B=border irregularity

C=colour variation

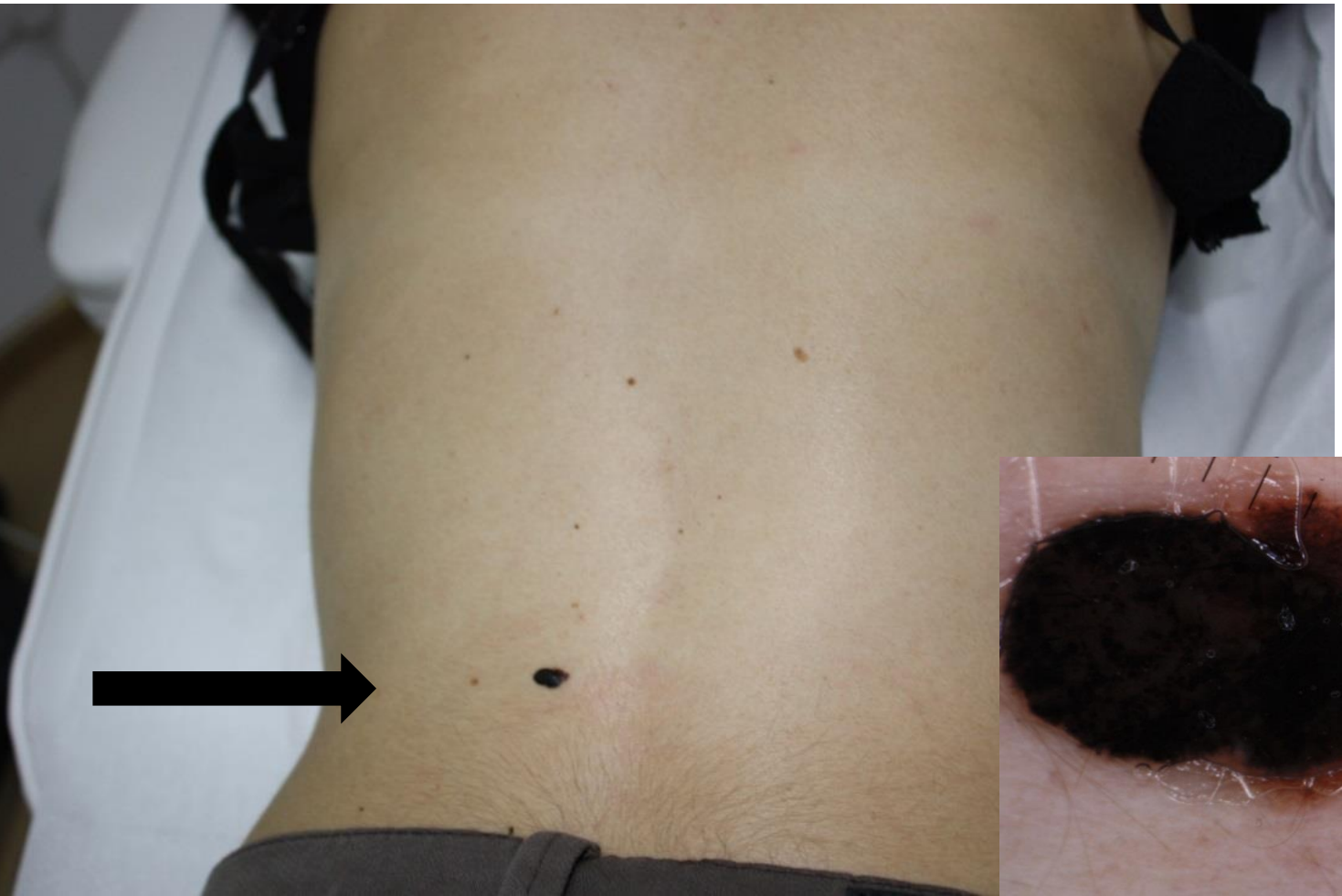
D=diameter >6 mm

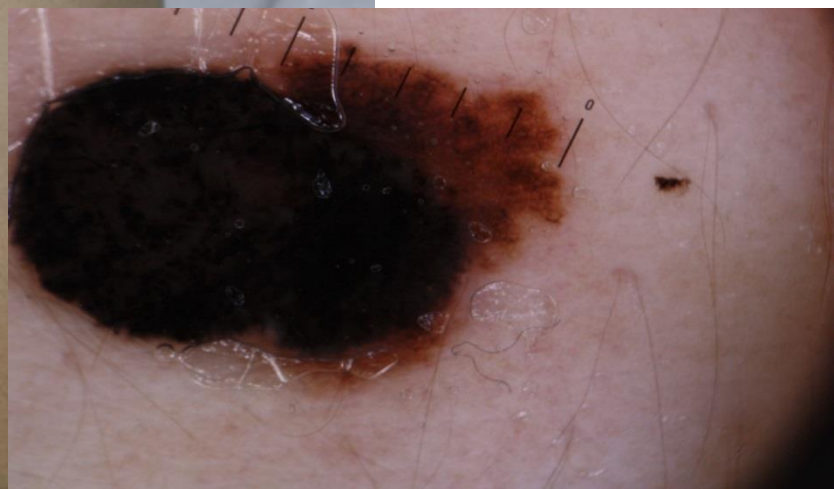
E=evolution



Skin cancer-Melanoma

'Ugly duckling' sign





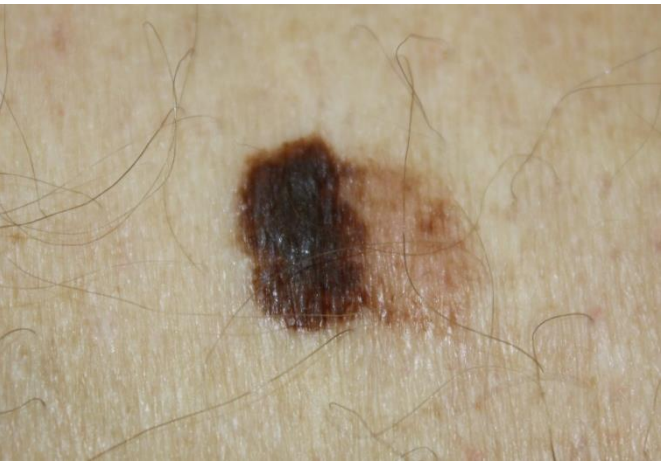
Skin cancer-Melanoma

Main types

- Superficial spreading melanoma (80%)
- Nodular melanoma (10%)
- Lentigo malignant melanoma (5%)
- Acral lentigenous malignant melanoma(5%)

Skin cancer-Melanoma

Superficial spreading melanoma

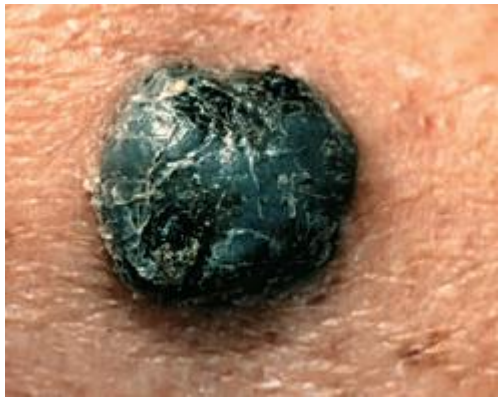


- age 30-50
- the most common type
- usually on the back and exposed areas
- slowly- growing up to 2 years

Skin cancer-Melanoma

Nodular melanoma

- 2nd most common type
- less exposed areas
- uniformly elevated
- grows rapidly- 2 mo to 2 years



Skin cancer-Melanoma

Lentigo Malignant Melanoma

- least common type
- older patients
- sun exposed areas- face and forearms
- starts as lentigo malignant

Skin cancer-Melanoma

Acral Malignant Melanoma

- location is characteristic :soles, palms, fingernails and toenails
- more often in Asians, Africans, African Americans (70% in these populations)
- older males
- poor prognosis

Metastatic melanoma

Lymph node mets

Distant skin mets

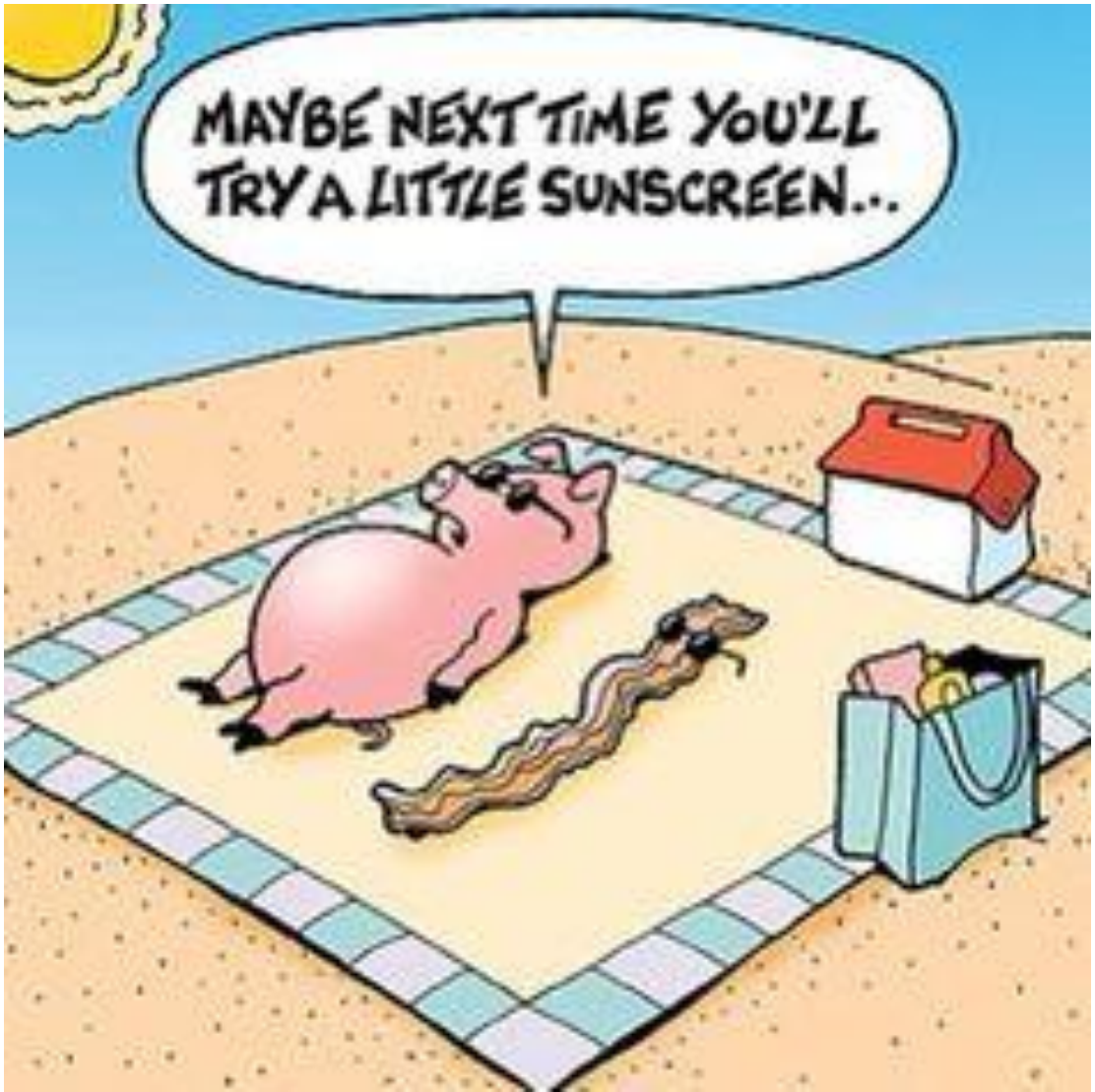
- Metastatic melanoma oc
  and stage II melanomas
- The spread of disease fr
  usually occurs in a stepw
  melanoma → regional m
  → distant metastasis.
- Distant metastasis can o
  lymph nodes and indicati
- Distant metastases occu
  in the following organs: l
  (14–29%), brain (12–20
  intestines (1–7%).
- Most frequently, however
  to distant lymph nodes, s
  subcutaneous tissues (4
- Local recurrence occurs
  adequate (Fig. 12-19) or
  an entire region both wit
  surgical treatment (Figs.

Satellite mets

Most common metastasis for MM:

- regional lymph nodes
- satellite metastases
- distant organs: distant skin, lungs, liver, brain, bones

Skin cancer-Melanoma sun exposure!!!



Risk factors for the development of MM

- Genetic markers (*CDKN2a*), *BRAF*, *MC1R*
- Photo skin type I/II
- Family history of dysplastic nevi or melanoma
- Personal history of melanoma
- Ultraviolet irradiation, particularly sunburns during childhood and in termittent burning exposures
- Number (>50) and size (>5 mm) of melanocytic nevi
- Congenital nevi
- Number of dysplastic nevi (>5)
- Dysplastic melanocytic nevus syndrome

Skin Cancer

SKIN CANCER

MELANOMA

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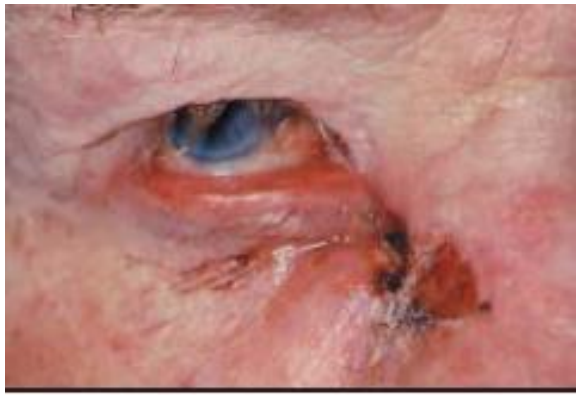
Squamous Cell Carcinoma

Basal Cell Carcinoma

Skin Cancer-Non Melanoma

Basal Cell Carcinoma (BCC)

Nodular BCC



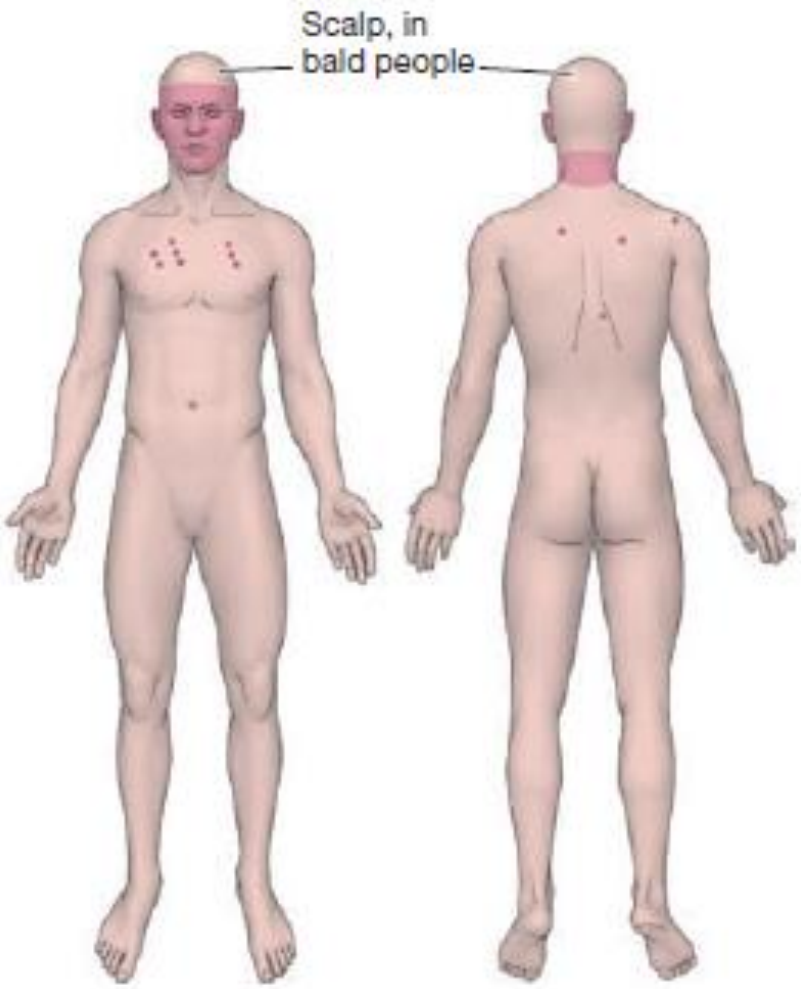
BCC infiltrating the eye

- most common type of skin cancer
- develops very slowly (over years)
- on sun exposed areas of the skin
- elderly population
- locally destructive
- very rarely metastasise (lymph nodes)
- classic feature:-pearl-like appearance with overlying blood vessels (telangiectasia)
- types: superficial, nodular, morpheic, ulcerative, pigmented,

Skin Cancer-Non Melanoma

Basal Cell Carcinoma (BCC)

Predilection sites



Basal Cell Carcinoma (BCC) Types

Nodular BCC: note shiny/pearly appearance and telangiectasies

Morhoeic BCC: note ill-defined borders

Ulcerative BCC: ulceration

Pigment BCC: note the pigment

Skin Cancer-Non Melanoma

Squamous Cell Carcinoma

- 2nd most common type of skin cancer
- sun exposed areas
- elderly patients
- evolves over mo- yrs (more rapidly than BCC)
- originates from keratinocytes- keratotic, scaly surface
- can arise *de novo* or pre-excisting AK, Bowen's
- untreated invades skin deeply, later mets to lymph nodes

Skin Cancer-Non Melanoma

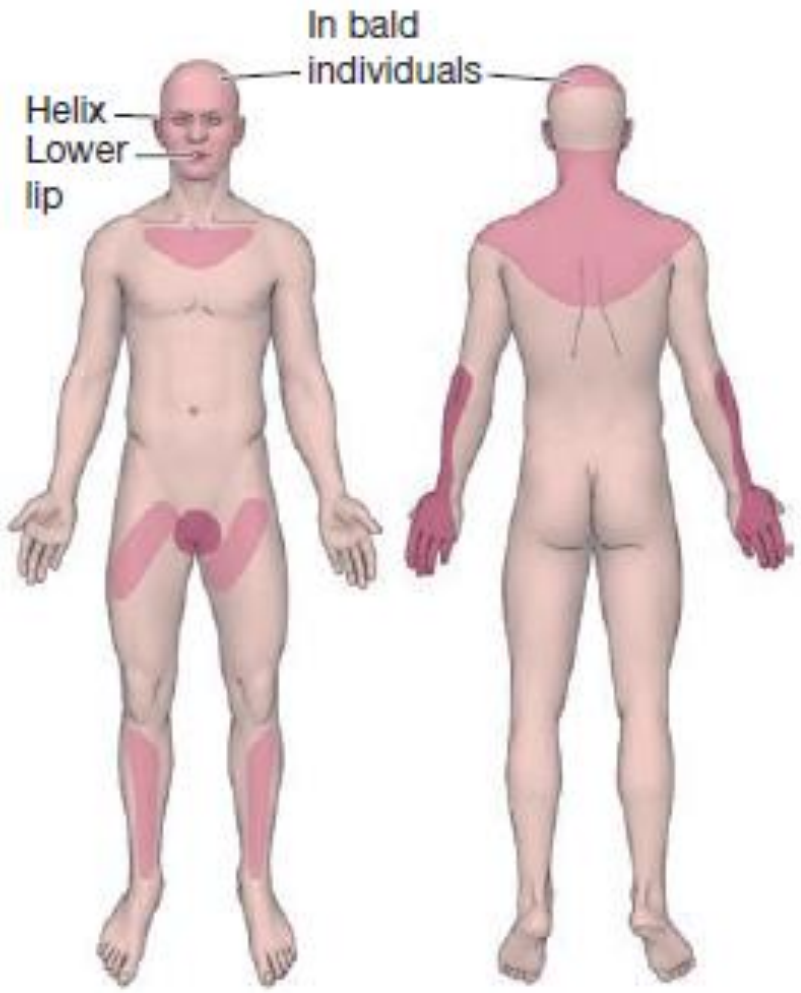
Squamous Cell Carcinoma

Risk factors:

- Sun exposure
- Immunosuppression
- Chronic radiodermatitis
- Chronic intake of arsenic
- Scars from burns
- Chronic statis
- Chronic inflammation

Skin Cancer-Non Melanoma

Squamous Cell Carcinoma
Predilection sites



Skin Cancer-Non Melanoma

SCC on the lower lip

Large SCC-note the yellowish colour (keratin)

Ulcerative SCC in the pinna

Large-neglected SCC

Skin Cancer-Non Melanoma

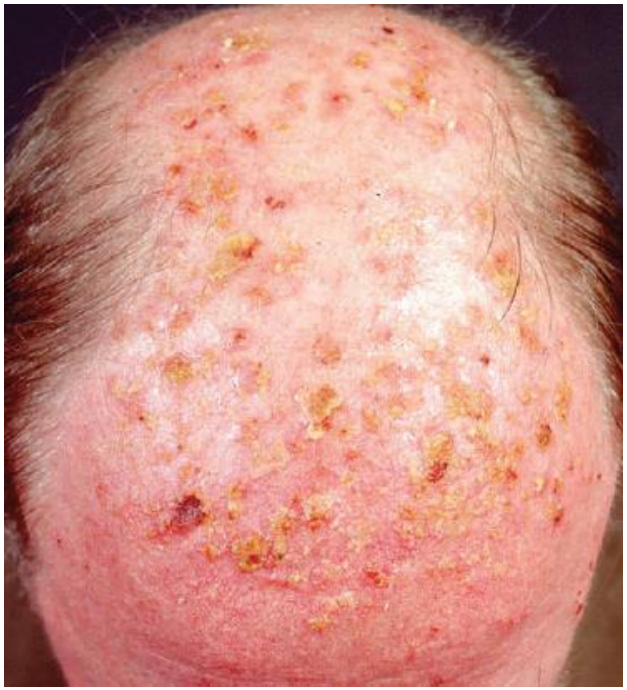
Squamous Cell Carcinoma-Prosecutors

- Presents as solitary or multiple macules or papules
- Caused by UVR or HPV
- Sun exposed areas, lower leg
- Clinically:sharpy defined scaly plaques
- Untreated may progress to SCC
- Tx: topical immunomodulators, cryo, surgical excision

Bowen's disease

Skin Cancer-Non Melanoma

Squamous Cell Carcinoma-Prosecutors



Actinic/Solar Keratosis

- single or multiple lesions
- sunexposed areas
- marker of sun damage- look for BCC/SCCs
- discrete, dry, rough, adherent
- can progress to SCC

Quiz

Case 1

A. Basal Cell Carcinoma
B. Squamous Cell Carcinoma
C. Actinic keratosis
D. Melanoma
E. None of the above

Case 2

A. Actinic Keratosis
B. Juctional Naevus
C. Melanoma
D. Hemangioma
E. Seborrheic keratosis

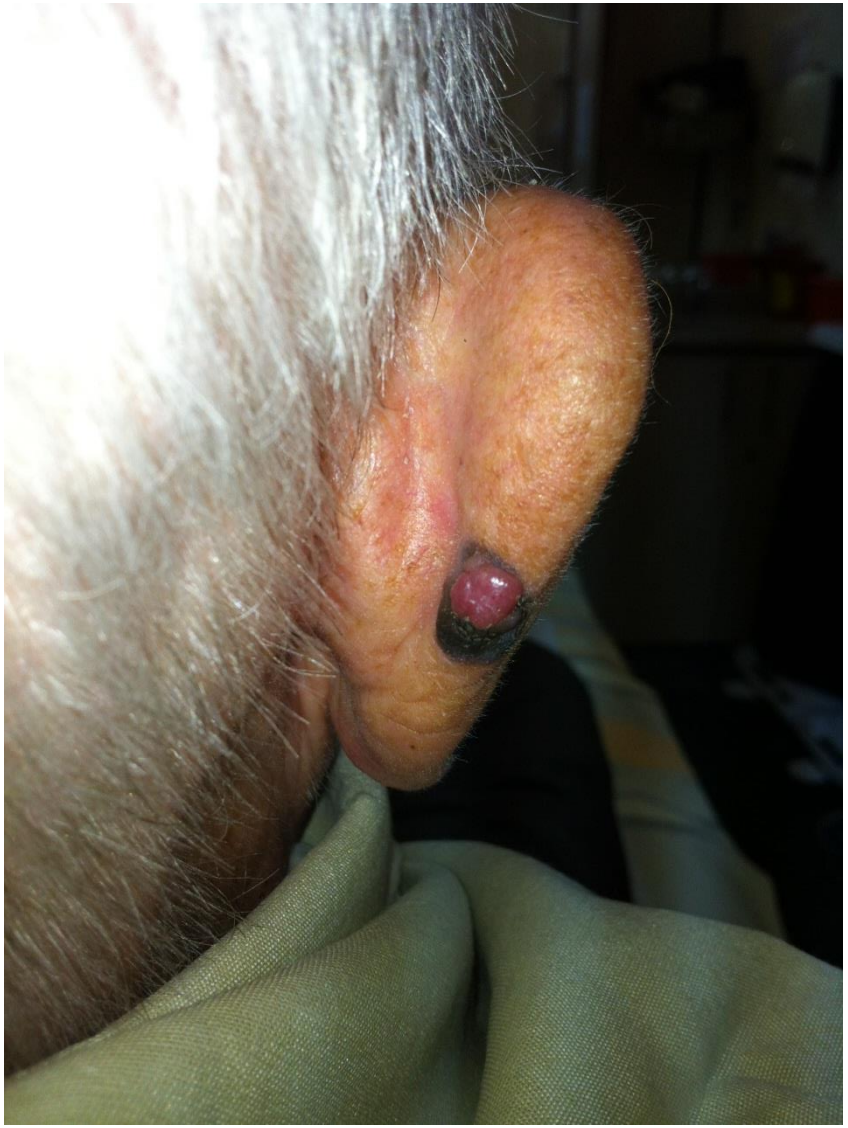
Case 3

A. Squamous cell carcinoma
B. Basal cell carcinoma
C. Actinic Keratosis
D. Bowen's disease
E. None of the above

Case 4

A. Actinic keratosis
B. SCC
C. Bowen's disease
D. Melanoma
E. Solar lentigo

Case 5



A. Hemangioma
B. Solar lentigo
C. Compound naevus
D. Pigmented BCC
E. Malignant Melanoma

Case 6

A. Junctional Naevus
B. Atypical Naevus
C. Melanoma
D. Solar lentigo
E. Freckles

Case 7

A. Melanoma
B. Squamous Cell Carcinoma
C. Basal Cell Carcinoma
D. Actinic Keratosis
E. Pappilomas

Thank you..

Questions??...