

# Skin & Soft Tissue Tumors

With all courtesy to our colleagues, Raslan and his team, a lot of our work is based on their Manual to Surgery Booklet.

- **Important**
- Mentioned by doctors but not in slides
- Additional notes from Surgical Recall 6th edition or Raslan's booklet
- Not mentioned by the doctor

431

SURGERY TEAM

*Done By:*

Reem AlSalman

*Revised By:*

MeShaal



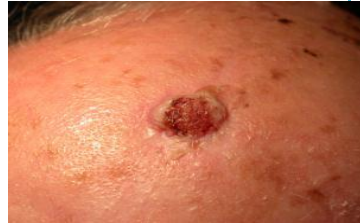
ALotaiBi



*Leaders*

Abeer Al-Suwailem

Mohammed Alshammari

<u>Summary</u>	HEMANGIOMA			BASAL CELL CARCINOMA	SQUAMOUS CELL CARCINOMA	MALIGNANT MELANOMA
	INVOLUTING	NON-INVOLUTING	PORT WINE STAIN			
<b>Definition</b>	It is a neoplasm of endothelial cell origin, <b>not a true</b> neoplasm.	<b>True</b> benign tumors	An extensive intradermal hemangioma, just below the epidermis, which is mostly made up of a collection of dilated venules and capillaries.	The <b>most common malignant</b> cancer of all skin tumors. Locally invasive malignant tumor, which may lead to <b>massive ulceration</b> . Very rare to metastasize.	The second most common cancer in <b>light</b> skinned people, but the first in <b>dark</b> skinned ones.	There is a potential for metastatic spread.
<b>Site of appearance</b>			May involve any portion of the body, usually as flat patches in the face. Usually follows the correlation of sensory branches of <b>the 5th nerve</b>	Mostly presents in the face and the neck.	the <b>face</b> and <b>neck</b> , e.g. ears cheeks, and the lower lip, and the back of the <b>hand</b> .	
<b>Morphology</b>						

<p><b>History</b></p>	<p>Presents at birth or during the first 2-3 weeks after birth, and grows rapidly for 4-6months.</p> <p>Undergoes complete spontaneous slow involution usually completely disappears at the age of 5-7 years.</p>	<p>Usually present at birth.</p> <p>There is <b>no rapid growth</b> phase; its growth is proportional to the growth of the child.</p> <p><b>Persists to adulthood.</b></p>		<p><b>Grows slowly</b> (not aggressively), steadily and painlessly, and several months or years may pass before the patient finally visits a doctor.</p>	<p>Presents as:</p> <ul style="list-style-type: none"> <li>o Locally invading without metastasizing.</li> <li>o Premalignant tumor, as Bowen's disease or chronic radiation dermatitis</li> </ul> <p>Rapidly growing, widely invasive with metastasis, especially SCC arising from normal skin.</p> <ul style="list-style-type: none"> <li>o Initially starts as an erythematous plaque or nodules with indistinct margins.</li> <li>o Surface may be: flat, verrucose (warty) or ulcerative.</li> </ul>	
<p><b>Classification</b></p>	<p>A. Superficial (strawberry news)</p> <p>B. Deep (cavernous hemangioma)</p> <p>C. Combined</p>			<ol style="list-style-type: none"> <li>1. Erythematous (superficial) basal cell carcinoma</li> <li>2. Pigmented basal cell carcinoma (frequent in our country)</li> <li>3. Nodular basal cell carcinoma.</li> <li>4. Cystic basal cell carcinoma.</li> </ol>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Superficial spreading melanoma</li> <li><input type="checkbox"/> Nodular melanoma</li> <li><input type="checkbox"/> Lentigo maligna (melanoma)</li> <li><input type="checkbox"/> Acral lentiginous melanoma.</li> </ul>

<p><b>Treatment</b></p>	<p>No need for treatment, just observe, unless it involves a vital organ or interferes with physiological functions, e.g. eyelid.</p>	<p>Treatment is not satisfactory.</p>	<p>Unsatisfactory.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Tattooing.</li> <li><input type="checkbox"/> Radiotherapy</li> <li><input type="checkbox"/> Laser</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Curettage and electrodesiccation (cautery), with excising a safety margin of 2-3 mm.</li> <li><input type="checkbox"/> Surgical excision (the best treatment)</li> <li><input type="checkbox"/> Radiotherapy</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Surgical excision</li> <li><input type="checkbox"/> Radiotherapy</li> </ul>	<p>(IMMUNOTHERAPY):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Small metastatic lesions treated with BCG may be tried on healthy patients.</li> <li><input type="checkbox"/> Chemotherapy with phenylalanine and alanine-mustard and other drugs.</li> <li><input type="checkbox"/> Long-term palliative treatment of large lesions, which underwent surgery, is with radiotherapy and chemotherapy.</li> </ul>
<p><b>Prognosis</b></p>		<p>Causes severe aesthetic (cosmetic) problems. Or May cause arteriovenous fistulas eventually leading to cardiac failure</p>				<ul style="list-style-type: none"> <li><input type="checkbox"/> Less than 2 cm in diameter and less than 0.7 mm in depth is curable by wide local excision.</li> <li><input type="checkbox"/> Nodular melanoma with ulceration has a poor prognosis.</li> <li><input type="checkbox"/> Lesions in the extremities have a better prognosis than trunk lesions.</li> <li><input type="checkbox"/> Women have a better 5 years survival rate than men.</li> </ul>

## MCQs

**1. Squamous cell Carcinoma is most common in:**

- a. Ears, cheeks. Lower lip & back of the hand.

**2. The following are true about Basal cell carcinoma (Basal cell carcinoma is the most common form of skin cancer ) Except:**

- b. It is the most common cancer in dark skinned people.

**3. Basal cell carcinoma:**

- A. Metastasize very quickly
- B. Aggressive tumor that grows rapidly
- C. Surgery is the best treatment for local lesions
- D. It is a tumor of infancy

Answer: C

**4. All the followings are common sites of squamous cell carcinoma EXCEPT:**

- A. Neck
- B. Back of the hand
- C. Lower lip
- D. Lower back

Answer: D

**5. Basal cell Carcinoma:**

- a) Metastasis is usually to Lymph nodes before systemic Metastasis.
- b) Metastasis is usually to systemic before lymph nodes Metastasis.
- c) Metastasis is usually to both lymph nodes and systemic metastasis at the same time.
- d) Metastasis is usually to skin as "Satellite" Lesions.
- e) Does not develop Metastasis.

Answer: E

**6. Patients with Gorlin Syndrome are known to develop:**

- a) Basal Cell Carcinoma.
- b) Melanoma.
- c) Squamous Cell Carcinoma.
- d) Bowen's disease lesions.
- e) Dysplastic nevus.

Answer: A

**7. Squamous Cell Carcinoma of the skin:**

- a) Is Radio Sensitive.
- b) Is best treated by Chemotherapy.
- c) Surgery is done with 5cm skin margin.
- d) Usually seen in children.
- e) Its Metastasis is usually systemic before lymph node metastasis.

Answer: A

**8. Melanoma:**

- a. Nodular melanoma has a better prognosis than all other types.
- b. Acrol Melanoma is known to have the best prognosis.
- c. Is Radio sensitive.
- d. Usually develops metastasis to lymph nodes before systemic metastasis.
- e. Is more common in black populations.

Answer: D

**9. A melanoma with Clark level 2:**

- a) Reaches the epidermis.
- b) Reaches the Basal layer.
- c) Reaches the Reticular Dermis.
- d) Reaches the Junction of Reticular and papillary dermis.
- e) Reaches the papillary Dermis.

Answer: E

**10. Majolin ulcer:**

- a. Is type of basal cell carcinoma.
- b. Is a type of squamous cell carcinoma.
- c. Is type of melanoma.
- d. Is type of ulcer is a blue nevus.
- e. Is a type of an ulcer in a dysplastic nevus.

Answer: B

**11. According to Clark's classification invasion of papillary dermis layer in malignant melanoma is:**

- a. Clark 1.
- b. Clark 2.
- c. Clark 3.
- d. Clark 4.
- e. Clark 5.

Answer: B

## SURGICAL RECALL NOTES

### SQUAMOUS CELL CARCINOMA

#### ○ Risk factors :

Sun exposure, pale skin, chronic inflammatory process, immunosuppression, xeroderma pigmentosum, arseni

#### ○ What is a precursor skin lesion? Actinic keratosis

#### ○ Signs & symptoms : Raised, slightly pigmented skin lesion; ulceration/exudate; chronic scab; itching

#### ○ Dreaded sign of metastasis : Palpable lymph nodes (remove involved lymph nodes)

#### ○ Marjolin's ulcer : Squamous cell carcinoma that arises in an area of chronic inflammation (e.g., chronic fistula, burn wound, osteomyelitis)

#### ○ Treatment :

- Small lesion (<1 cm): Excise with 0.5-cm margin
- Large lesion (>1 cm): Resect with 1- to 2-cm margins of normal tissue (large lesions may require skin graft/flap)



## BASAL CELL CARCINOMA

- Risk factors :  
Sun exposure, **fair skin**, radiation, chronic dermatitis, xeroderma pigmentosum
- Signs & symptoms :  
Slow-growing skin mass (chronic, scaly); scab; ulceration, with or without pigmentation, often described as “pearl-like”
- Treatment :
  - Resection with 5-mm margins (2-mm margin in cosmetically sensitive areas)

## MELANOMA

- What are the most common skin cancers?

Basal cell carcinoma (75%) , Squamous cell carcinoma (20%) , Melanoma (4%)

- Melanoma is the most common fatal skin cancer
- All melanoma are malignant ..
- **Patient at greater risk to have melanoma :**
  - White patients with blonde/red hair, fair skin, freckling, a history of blistering sunburns, blue/green eyes, actinic keratosis
- Most common site of melanoma (SEA) : S= skin, E=eyes, A= anus
- Most common site of melanoma in men is the Back .. while in women is legs
- Most common type of melanoma is superficial spreading
- Melanoma is the most malignancy that can metastasize to the bowel
  - **Treatment :**
    - Digital melanoma : **Amputation**
    - Palpable lymph node metastasis : Lymphadenectomy