IMAGES IN DERMATOLOGY

Squamous Cell Carcinoma

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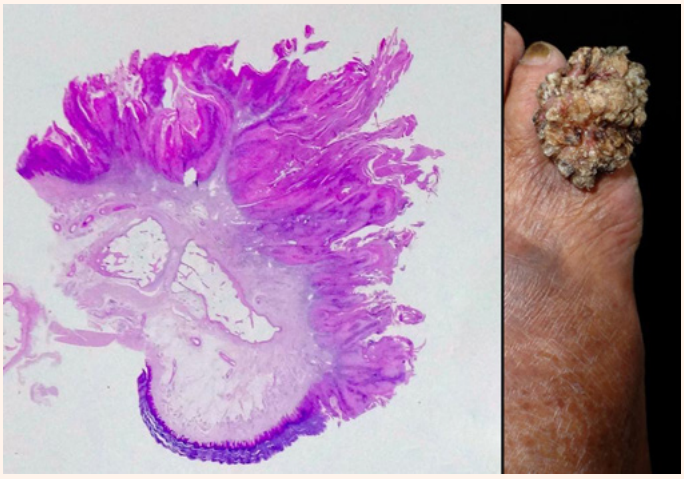
A 68-year-old female patient, with no relevant medical history, presented with a clinical picture characterized by a 5-cm tumor on the right's foot fifth finger, associated with pain and walking difficulties. Physical examination revealed a warty exophytic tumor on the proximal and distal phalanx of the right foot's fifth finger. Histopathology showed a neoformation constituted by keratinizing atypical squamous cells.



Spinocellular carcinoma or squamous cell carcinoma is a malignant tumor of epidermal keratinizing cells and the surrounding tissue. It affects the skin and keratinizing mucosal surfaces with stratified squamous epithelium. This is the second most common form of skin cancer, after basal cell carcinoma. It presents a higher risk of metastasis, explaining why most annual fatalities are attributed to non-melanoma cancer.

Squamous cell carcinoma shows a strong association to old age: there has been an increasing incidence in patients over 40, especially male. SCC possesses a multifactorial etiopathogeny. Risk factors include previous lesions, UV exposure, chronic inflammatory dermatoses or scarring, sunburn or long-term heat exposure and immunosuppression.

The disease surges from normal keratinocytes which present DNA mutations and genome instability. Gene expression alterations cause for uncontrolled cell growth and penetration of the basal membrane, leading to an invasion into the neighbouring tissues. Along their progression, keratinocytes become resistant to apoptosis and immune attack.

Choice of treatment relies heavily on the risk assessment for metastasis and recurrence.

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