

#MADEEASY



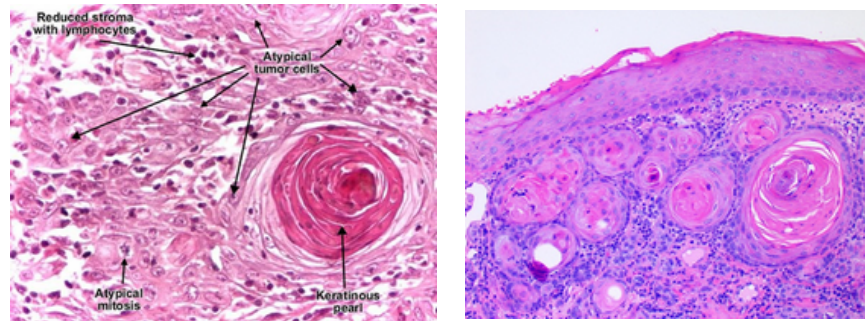
SQUAMOUS CELL CARCINOMA
PART 2





SQUAMOUS CELL CARCINOMA PART 2

Histological Findings



- **Keratin Pearls:** A hallmark of SCC
These are round, keratin-filled structures that result from abnormal squamous cell growth
- **Increased atypical squamous cells:** The epidermis shows disorganized growth of atypical squamous cells that invade the dermis
- **Hyperkeratosis and Parakeratosis:**
Thickening of the stratum corneum (**hyperkeratosis**)
Retention of nuclei in the corneal layer (**parakeratosis**)
- **Invasion into dermis in invasive SCC** as the tumour cells breach the basement membrane

Diagnosis

- **Clinical Examination:** The appearance of the lesion, location, and patient history help with diagnosis
- **Biopsy:** A skin biopsy (punch, or excisional) is performed to confirm the diagnosis by examining the tissue under a microscope

Treatment

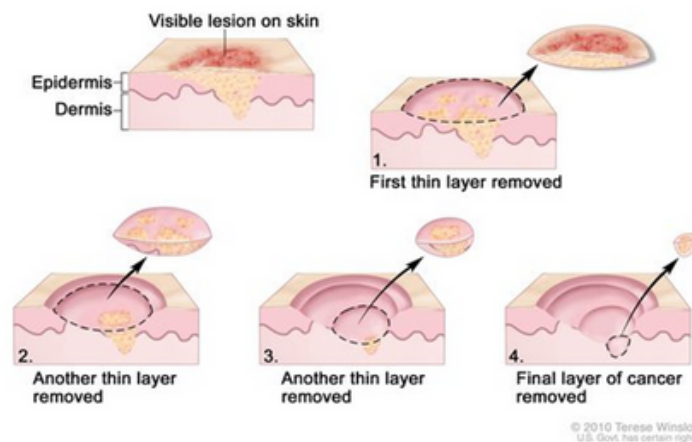
- **Surgical Excision:**
The primary treatment for SCC is complete surgical removal with a margin of normal tissue to ensure all cancerous cells are removed.
- **Mohs Micrographic Surgery:**





SQUAMOUS CELL CARCINOMA PART 2

Mohs Surgery



*This method is highly effective for treating SCC, especially on the face or areas requiring tissue conservation
Layers of the cancer are removed and examined microscopically until all margins are clear*

- **Cryotherapy:** Freezing the lesion with liquid nitrogen is effective for small, superficial SCCs
- **Radiation Therapy:** Used for patients who cannot undergo surgery or in cases of advanced or inoperable SCC.
- **Topical Chemotherapy:** **5-fluorouracil (5-FU)** or **imiquimod** cream may be used for in situ SCC or precancerous lesions like actinic keratosis

Prevention

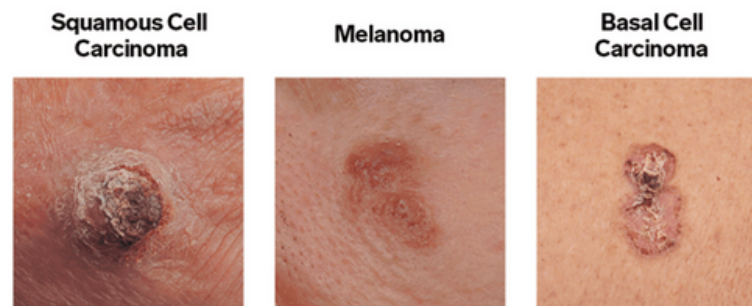
- **Sun Protection:** Avoiding excessive sun exposure, wearing protective clothing, and using broad-spectrum sunscreen can reduce the risk of SCC.
- **Routine self-examination** help detect early skin changes





SQUAMOUS CELL CARCINOMA PART 2

Difference between different skin cancers



Feature	Squamous Cell Carcinoma (SCC)	Basal Cell Carcinoma (BCC)	Melanoma
Cell of Origin	Squamous cells (upper epidermis)	Basal cells (lower epidermis)	Melanocytes (pigment-producing cells)
Appearance	Scaly red patches, firm nodules, ulcers	Pearly bump, pink growth, visible blood vessels	Dark, irregular, multi-coloured mole
Location	Sun-exposed areas: face, neck, hands	Sun-exposed areas: face, scalp	Anywhere, often on trunk, legs, arms, face
Growth Rate	Moderate, can metastasize	Slow, rarely metastasizes	Rapid, high risk of metastasis
Prognosis	Good if caught early	Excellent, low risk of spread	Poor if not treated early
Treatment	Surgical excision, Mohs, radiation	Surgical excision, Mohs	Wide excision, immunotherapy
Metastasis	Moderate (can spread)	Rare	High

