

Squamous Cell Carcinoma (SCC)

SCCs are the second most common form of skin cancer. They tend to grow rapidly and can attain very large sizes and can spread throughout the body if not diagnosed and treated early.

They tend to arise in older patients, though are seen at any age.

They appear on sun exposed skin, especially on bald scalps, ears and the backs of hands. They are not uncommon on the lips, particularly in smokers.

They appear as warty thickened lump often ulcerating or bleeding.

What are the treatment options?

In general treatment is surgical, although large lesions in awkward anatomical situations may be treated with radiotherapy.

Superficial treatment such as imiquimod, photodynamic therapy and cryotherapy are not appropriate.

SCCs may spread to lymph glands requiring major invasive surgery.

Patients who are immuno-suppressed, eg transplant recipients who are on immunosuppressive anti-rejection drugs are particularly prone to develop SCCs.

SCCs may arise from Actinic Keratoses (AKs) which are regarded as precursor lesions or precancers. Treatment of AKs does tend to reduce the risk of subsequent SCCs.

Further reading:

Aldara

Cryotherapy

PDT

Standard Surgical Excision

Actinic Keratoses