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Squamous cell skin cancer

Definition

Squamous cell cancer is a common type of skin cancer.

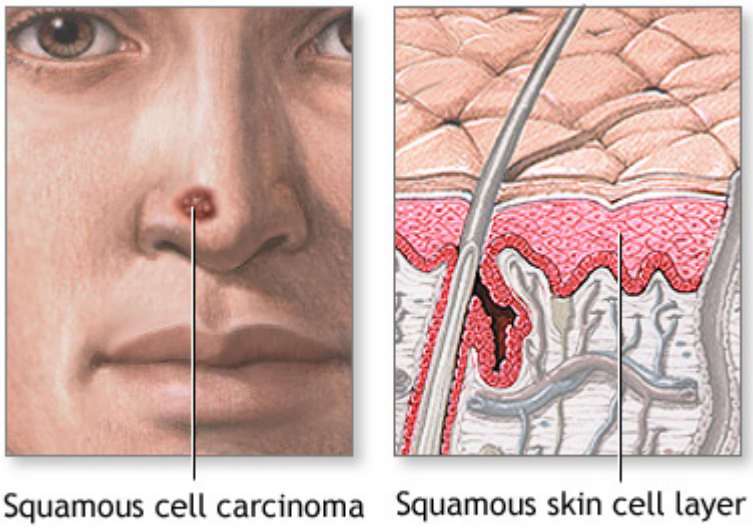
Other common types of skin cancer are:

- Basal cell
- Melanoma

Alternative Names

Cancer - skin - squamous cell; Skin cancer - squamous cell; Nonmelanoma skin cancer - squamous cell; NMSC - squamous cell; Squamous cell skin cancer; Squamous cell carcinoma of the skin

Causes



Squamous cell cancer may occur in undamaged skin. Or it can occur in skin that has been injured or inflamed. Most squamous cell carcinomas occur on skin that is regularly exposed to sunlight or other ultraviolet radiation.

The earliest form of squamous cell cancer is called Bowen disease (or squamous cell carcinoma in situ). This type does not spread to nearby tissues.

Actinic keratosis is a precancerous skin lesion that may become a squamous cell cancer.

Risks of squamous cell cancer include:

- Having light-colored skin, blue or green eyes, or blond or red hair
- Long-term, daily sun exposure (such as in people who work outside)
- Many severe sunburns early in life
- Older age
- Having had many x-rays
- Chemical exposure

Symptoms

Squamous cell cancer usually occurs on the face, ears, neck, hands, or arms. It may occur on other areas.

The main symptom is a growing bump that may have a rough, scaly surface and flat reddish patches.

The earliest form (squamous cell carcimoma in situ) can appear as a scaly, crusted, and large reddish patch that can be larger than 1 inch.

A sore that does not heal can be a sign of squamous cell cancer. Any change in an existing wart, mole, or other skin lesion could be a sign of skin cancer.

Exams and Tests

Your doctor will check your skin and look at the size, shape, color, and texture of any suspicious areas.

If your doctor thinks you might have skin cancer, a piece of skin will be removed. This is called a skin biopsy. The sample is sent to a lab for examination under a microscope.

A skin biopsy must be done to confirm squamous cell skin cancer or other skin cancers.

Treatment

Treatment depends on the size and location of the skin cancer, how far it has spread, and your overall health. Some squamous cell skin cancers may be more difficult to treat.

Treatment may involve:

- Excision: Cutting out the skin cancer and stitching the skin together
- Curettage and electrodessication: Scraping away cancer cells and using electricity to kill any that remain; it is used to treat cancers that are not very large or deep
- Cryosurgery: Freezing the cancer cells, which kills them. This is used for small and superficial cancers.
- Medication: Skin creams containing imiquimod or 5-fluorouracil for superficial (not very deep) squamous cell cancer
- Mohs surgery: Removing a layer of skin and looking at it immediately under a microscope, then removing layers of skin until there are no signs of the cancer; usually used for skin cancers on the nose, ears, and other areas of the face.
- Photodynamic therapy: Treatment using light may be used to treat superficial cancers
- Radiation may be used if squamous cell cancer has spread to organs or lymph nodes or if the cancer cannot be treated with surgery.

Outlook (Prognosis)

How well a person does depends on many things, including how soon the cancer was diagnosed. Most of these cancers are cured when treated early.

Some squamous cell cancers may return.

Possible Complications

Squamous cell cancer spreads faster than basal cell cancer, but still may grow slowly. It may spread to other parts of the body, including internal organs.

When to Contact a Medical Professional

Call for an appointment with your health care provider if you have a sore or spot on your skin that changes in:

- Appearance
- Color
- Size
- Texture

Also call if a spot becomes painful or swollen or if it starts to bleed or itch.

Prevention

The American Cancer Society recommends that a health care provider examine your skin every year if you are older than 40 and every 3 years if you are 20 to 40 years old. You should also examine your own skin once a month.

If you have had skin cancer, you should have regular checkups so that a doctor can examine your skin. You should also check your own skin once a month. Use a hand mirror for hard-to-see places. Call your doctor if you notice anything unusual.

The best way to prevent skin cancer is to reduce your exposure to sunlight. Always use sunscreen:

- Apply sunscreen with sun protection factor (SPF) of at least 30, even when you are going outdoors for a short time.
- Apply a large amount of sunscreen on all exposed areas, including ears and feet.
- Look for sunscreen that blocks both UVA and UVB light.
- Use a water-resistant sunscreen.
- Apply sunscreen at least 30 minutes before going out. Follow package instructions about how often to reapply. Be sure to reapply after swimming or sweating.
- Use sunscreen in winter and on cloudy days, too.

Other measures to help you avoid too much sun exposure:

- Ultraviolet light is most intense between 10 a.m. and 4 p.m. So try to avoid the sun during these hours.
- Protect the skin by wearing wide-brim hats, long-sleeve shirts, long skirts, or pants.
- Avoid surfaces that reflect light more, such as water, sand, concrete, and areas that are painted white.
- The higher the altitude, the faster your skin burns.
- Do not use sun lamps and tanning beds (salons). Spending 15 to 20 minutes at a tanning salon is as dangerous as a day spent in the sun.

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Notes:

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