DIFFERENT TYPES OF SKIN CANCER

removing overlying crust and scale. A photosensitising agent is applied to the lesion and a margin of surrounding skin, and is left to absorb for three hours. The lesion is illuminated by light of an appropriate wavelength to activate the photosensitiser, producing targeted tumour destruction. Occasionally, the photosensitising agent may be given intravenously. More than one lesion may be treated in a session and the treatment can be repeated. Non-melanoma skin tumours including BCC, SCC, Bowen’s disease and actinic (or solar) keratosis can all be treated in this way (NICE, 2006).

If surgery is the treatment of choice for BCC, then, once clear histological margins are achieved, the treatment is complete. Patients can then be discharged back to their GP with sun-protection advice and BCC literature encouraging them to take measures against skin cancer in the future.

Squamous cell carcinoma
SCCs are generally more aggressive than BCCs and originate in the skin cells that produce keratin. Unlike BCC, which has no reported precursor lesions, SCC has two principal precursor lesions: actinic keratoses (Fig 6) and Bowen’s disease (intraepidermal carcinoma) (Fig 7), described as SCC in situ (Bath-Hextall et al, 2008). Fig 8 shows SCC of the retroauricular region and Fig 9 shows SCC of the lower lip.

The potential for SCC to metastasise can range from 0.5% to 40% depending on the subtype (Bath-Hextall et al, 2008). Veness (2007) outlined high-risk factors related to SCC (Box 1).

Treatting SCC
SCCs are treated primarily with surgery; when clear histological margins are satisfactorily achieved and individual risk factors of the skin cancer are known, older, anticoagulated or who have implanted cardiac pacemakers) would benefit from this non-invasive topical therapy. It can also be used as an adjunct to surgery, such as excision, and allows clinicians to combine immunological-based treatment with surgical intervention.

Imiquimod works by stimulating innate and cell-mediated immune pathways, which are critical components of the body’s defence mechanisms against both viruses and tumours, and has been shown to be an excellent treatment choice for selected skin malignancies (Sapijaszko, 2005). It is appropriate for patients who are able to apply treatment effectively themselves or for those with carers who can apply treatment to areas that may be difficult for patients to reach themselves.

Another treatment, accessed via consultant referral, is photodynamic therapy (PDT). In PDT, the lesion is prepared by