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Opinion

A Short Note on Squamous Cell Carcinoma

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DESCRIPTION

Squamous cell carcinoma (or SCC) is a skin cancer that can appear as raised or red scaly spots. It is common on heavily tanned fair skin and often occurs on the edges of the ears, face, and lips. Although not as dangerous as melanoma, an estimated 2,300 people die each year. With proper treatment, the cure rate is 95%. SCC can spread to nearby lymph nodes (lymph nodes are small bean-shaped structures found throughout the body that generate and store cells that fight infection). Oral SCC also makes up more than 90 percent of mouth cancers and Lung SCC makes up about 30 percent. SCC occurs in a variety of situations and is very different in terms of risk. Like other forms of cancer, such as cervical cancer and colon cancer, they can be more precancerous, highly malignant, or somewhere in between. Most result from actinic keratosis (rough black spots), some from old wounds, and some from weakened immunity. The most common types of SCC are Bowen's disease ("SCC in situ") and keratoacanthoma. These types are rarely a threat, but if not dealt with quickly, they can develop into more dangerous types. At times, aggressive it will be found that looked like a different type of skin cancer, so only a biopsy can determine what the risk is with certainty.

In general, Bowen's disease looks like dry, rough spots. Before visiting a dermatologist, it is often assumed to be a fungus or rash. Keratoacanthoma is a rapidly forming nodule with a dry core in the center. Prior to examination, it is often assumed to be a "boil" or cyst. The risk of metastasis is probably less than 1%. The more invasive it is, the more dangerous it is. They are the most common symptom of lumps and are often open wounds that are prone to bleeding.

The risk of metastasis is about 3%. Some of these can be considered high risk due to the size, location, or characteristics found on the biopsy. They can be found on the ears, lips, or old wounds. They may have larger, deeper, nerve-penetrating or "poorly differentiated" cells. The risk of metastasis of high-risk SCC is 10-30%. Treatment of squamous cell carcinoma depends on the type, location, and risk. For most squamous cell carcinomas, the best treatment is resection (the squamous cell carcinoma is removed and a hole is sewn). This is sent to the pathology laboratory, along with a strip of skin that looks normal around it. The lab confirms that the SCC has been completely removed and confirms that it has been completely removed. Small superficial SCCs can also be destroyed by freezing (freezing surgery) or electrodrying and curettage (ED and C). Cryosurgery uses liquid nitrogen for small superficial lesions, and removes SCC by scraping the tumor and cauterizing the base. Usually, the number of visits required is small, and wounds usually heal quickly without the need for seams.

High-risk tumors are best treated with extensive resection (removal of large boundaries of normal skin) or Mohs surgery. Mohs surgery is a special microscope-controlled surgical technique that removes all tumors and only tumors. It has the highest healing rate and the least spoiling of appearance. When used in larger cancers or difficult areas, a dermatologist or plastic surgeon may also need to repair any defects that remain after resection. If squamous cell carcinoma recurs (recurs) at the same site, Mohs surgery should be used in most cases. Radiation therapy (x-ray therapy) may be added after surgery for high-risk squamous cell carcinoma. It can increase the cure rate to a large extent probably low usage. Occasionally, radiation is used as the only treatment for tumors that are inoperable or have already spread. Oncologists are usually not involved in the treatment of common SCCs. If SCC spreads, chemotherapy should be given. It is used only in advanced illnesses. When a person develops one SCC, there is always the risk of developing another. Actinic keratosis of the skin is a future breeding ground for SCC and needs treatment. There may also be a risk of other forms of skin cancer. Regular dermatological examinations are required at least twice a year for at least 2 years.

The best way to prevent further skin cancer is to protect the skin from further sun damage. Use at least SPF15 sunscreen and wear a wide-brimmed hat. Eat a healthy low-fat diet. Early treatment of SCC makes it easier to treat, so learn about the signs of skin cancer and check your skin once a month. Seek medical attention immediately if you have suspicious growth.

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