Dermatology of North Asheville

Squamous Cell Carcinoma

What is skin cancer?

Skin cancer is an uncontrolled growth of abnormal cells in the skin. Squamous cell carcinoma (SCC) accounts for approximately 20% of all skin cancers. It usually occurs in middle-aged and elderly people, especially those who are fair-skinned. It is more common in people who have regular prolonged sun exposure. People who have had a transplant (heart, kidney or liver) are at very high risk. SCC sometimes develops rapidly and causes painful scaly, hard knot-like spot.. It most often occurs on the areas of sun exposure: face, arms, legs. Squamous cell carcinoma has a small likelihood of spread to other parts of the body.

How is it treated?

The treatment for squamous cell carcinoma is removal of the growth using 1 or more of the following procedures. The choice of treatment depends on the type of SCC and its size and position on the skin. There are many subtypes of SCC, some can be relatively non-aggressive and are located in more superficial layer of the skin. Other types appear so different from normal skin that they are more likely to be deeply invasive and may even invade nerves and other structures of the skin. Possible treatments are:

- Excision, which is cutting out the affected area and then closing the wound with sutures (stitches)
- Mohs surgery (a method of removing and analyzing layers of the growth and surrounding skin)
- Removing the growth with a sharp instrument in a scraping manner, then cauterizing (electrically burning) the area.
- Topical creams may play a secondary role in some instances
- Radiation therapy can be considered in some situations.

Some of these methods are useful only in special situations or on one type of cancer. Ask your health care provider for advice about the best treatment for your condition. Excision or Mohs is usually favored for squamous cell carcinomas so that margins can be tested. Some smaller SCC lesions on the legs can be treated without excision. Skin cancer that is untreated or partially treated may result in more severe cancer problems.

What are the long-term effects?

SCC stays in the skin in approximately 97-99% of cases and the cancer cells are unlikely to spread to lymph nodes and internal organs. The chance of SCC cells leaving the skin and going elsewhere in the body is reported to be 1.1% for women and 2.4% for men. Higher risk is present in older patients (80 years and up) and in immunosuppressed patients. Your dermatologist will want to examine you at 6- to 12-month intervals.