## There are three common types of skin cancers.
## The basal cell carcinoma
## The squamous cell carcinoma
## The malignant melanoma

**The Basal cell carcinoma** also called the 'rodent ulcer is the commonest form of skin cancer. It commonly occurs in sun exposed areas like the head , neck and legs. Individuals, especially fair skinned, with sun exposure like those who have worked outdoor or lived in warmer climates are more prone. It grows slowly over many months to years and can invade underlying tissues especially if neglected but spread (metastasis) is extremely rare. Once excised, there is no need for follow up in most individuals
It presents in many forms. 1. As a scabby crusty area that bleeds from time to time and fails to heal. 2. As a shiny nodule crossed by small blood vessels particularly at the edges. 3. As a scaly, red flat mark. 4. As a lesion with a pearly white rim and a central crater which if left for years can 'gnaw away' at the skin eventually causing an ulcer, the origin of the colloquial name rodent ulcer

Treatment.
BCCs can be cured in most patients. Difficulties arise when they have been neglected or arise in awkward areas like around the nose and eyes. Surgical removal is the preferred treatment as it provides tissue for the pathologist to confirm the diagnosis. Following removal it is possible to suture the wound in many situations, sometimes however, reconstruction with skin grafts, local flaps or more complex reconstruction may be indicated.(see information on methods of recostruction)
Other methods of treatment including radiotherapy, cryotherapy, photodynamic therapy, curettage and cautery, and use of creams may be appropriate in special situations. I will discuss this with you if indicated.

**The Squamous cell carcinoma**
The Squamous cell carcinoma is the second commonest form of skin cancer. It commonly occurs in sun exposed areas like the head, neck and legs. Individuals, especially fair skinned, with sun exposure like those who have worked outdoor or lived in warmer climates are more prone. It grows over many months and can invade underlying tissues especially if neglected. Less commonly, it can spread to lymph glands in the adjoining area. Distant spread is rare. There is therefore need for follow up in many patients as well as self-examination to detect any recurrence or spread early.
They present initially as skin coloured lumps that grow in the surface layers of the skin. If untreated, these break though the skin to form ulcers with raised and everted edges. These may develop scabs or crusts. It may also present as the keratin horn
The mainstay stay of treatment is surgical excision, which provides a specimen for histologic diagnosis as well. Reconstruction with skin grafts, local flaps or more complex reconstruction may be indicated.(see information on methods of reconstruction)
Radiotherapy may be indicated in some individuals in combination with surgery or alone.
Other forms of treatment including curettage and cautery, cryotherapy, photodynamic therapy and laser may rarely be indicated in special circumstances.

**Will further treatment be required on a long term basis?**
You may need to be followed up following your treatment for 6months to two years



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## Malignant melanoma

A malignant melanoma is a cancer of the pigmented cells of the skin called melanocytes. These cells grow abnormally and produce a new mole or change in a pre-existing mole. *Changes in the size, colour, shape or sensation may be the first sign of a malignant melanoma but a melanoma may produce no symptoms.*

**Some known predisposing factors include**

1.Sun-exposure 2.Fair skin. 3.Some familial tendency to develop malignant melanoma and have many abnormal moles.

**Diagnosis**

Malignant melanomas tend to be moles that have a characteristic appearance. They are usually larger than 6mm in diameter, have an irregular edge, variable pigmentation and tend to have some dark brown or black pigment. The majority of patients will have noticed recent growth in the mole or the development of a new mole. Unfortunately, a few of these moles will have no pigment or colour in them, thereby masquerading as other lesions and delaying diagnosis.

**Treatment**

Once suspected, an urgent excision biopsy is carried out under local anaesthetic as a day-case procedure to confirm the diagnosis.

If this confirms melanoma, further excision surgery will be necessary. Reconstruction with a skin flap, a skin graft or more complex reconstruction may be required.

**Follow up**

Most patients will have a regular check-up every few months for three to five years. Patients with very early melanoma may be discharged from clinic sooner. Scans may also be necessary based on the thickness of the melanoma.

**Prognosis**

Early non-invasive melanoma is rarely life threatening and has an excellent prognosis. Complete cure is often possible with skin surgery. Invasive melanoma can sometimes spread to the lymph glands or elsewhere. The risk of spread depends on the depth of invasion of the abnormal pigment cells in the skin. I will advise you about the risk, based on research studies that have been carried out.

## How can I help reduce the risk of skin cancers? Dos and Do nots!

Do practice sun awareness!

Do stay out of the sun when you can

Do keep yourself covered up with a wide brimmed hat, long-sleeved shirt or blouse and long trousers when you go in the sun.

Do wear a high protection sunscreen (factor 15 and above recommended) on exposed skin any time you go out doors, even on overcast days. Remember that winter sun, on a skiing holiday for instance, may contain just as much of the damaging ultraviolet light as summer sun. Many companies now make skin moisturisers with a factor SpF 15 or above and you may want to use one of these as part of your daily routine.

Do check out any lesions of concern with your doctor or specialist.

Do not procrastinate.

Do not use sun beds



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