
PRISON HEALTHCARE IN IMAGES

Squamous cell carcinoma (SCC) of the scalp

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INTRODUCTION

It has been estimated that about 1 900 000 people died from cancer in the European Union in 2013 ¹. Skin cancer is the most common malignant neoplasm worldwide and its prevalence has risen in recent years. Nevertheless, it has been estimated that this type of neoplasms are greatly under-reported since most of the time only cases of melanoma are included in National Cancer Registries even though the incidence of non-melanoma skin cancer is up to 18-20 times higher than melanoma. For example, in the United States cases of non epithelial skin cancer account for 7% of the cases of skin cancer which go unmonitored. Such statistics do not include information on basal cell carcinoma (BCC) or squamous cell carcinoma (SCC) due to the fact that central cancer registries do not monitor such cases.

SCC, also known as squamous cell epithelioma or spinalioma, is an epithelial neoplasm arising from the malignant proliferation of keratinocytes and it is the second most common type of skin cancer behind basal cell carcinoma (BCC). SCC presents with a wide variety of clinical manifestations including erythematous patches and nodules although its most usual presentation includes indurated well demarcated ulcerative lesions. The risk for distant metastases ranges between 1-5% up to 30-60% when located in the perineal region in its ulcerative form, hence the relevance of early diagnosis. Afterward, we will report a case of SCC on the scalp of a patient with unknown predisposing factors.

CLINICAL DESCRIPTION

48 year old male, former nasal cocaine user, smoker of 20 cigarettes a day who was admitted to the correctional facility of *Quatre Camins* in May 2013 to serve his sentence. His skin type was classified

as IV and he did not refer sun or previous radiation exposure and did not present ulcerative lesions, scars or any other skin lesion. Serology or both HIV and HCV proved negative and there was no other significant information regarding his medical history.

Upon ordinary consultation a lesion on the scalp was identified, located on the parietal region and initially considered a lipoma. Therefore, the patient was referred to a surgical specialist for evaluation. The consultant surgeon directed the diagnosis to a 4-5 cm wide trichilemmal cyst which had been infected over the course of about one year (see Figure 1). Hence, it was cleaned out (debrided) and a surgical drainage was used together with the prescription of a regimen of periodical monitoring. Furthermore, a sample of the cyst was collected and referred to the department of Anatomic Pathology. The biopsy report was received a few days later and it underlined the presence of “ischemic necrosis of dense collagenous tissue, lymphoplasmacytic infiltration and a central region of squamous cell proliferation with the formation of cysts and horned pearl, which seems to correspond to a well differentiated SCC. Together with this lesion there is a second tumor, smaller in size of about 1 cm wide”. Surgical intervention was then scheduled but it could not be executed during the patient’s imprisonment since he was finally released.

COMMENT

As it has been previously stated, SCC is a malignant invasive neoplasm which can potentially present with distant metastases, usually developed on areas with solar keratosis or previous lesions. In over 80% of cases it is developed on sun-exposed skin areas such as head, face, neck, back, hands and usually on areas with actinic keratosis ⁴. SCC typically affects males (2:1 if compared to women) and older fair-skinned individuals (skin types I



Figure 1

and II) who work outdoors. It has a very high incidence (774/100 000 in the general population) and its diagnosis must always be considered when evaluating skin and mucous lesions even if they do not match the most common etiopathogenetic factors or the most usual epidemiological features, as it has been observed in this case. In fact, the existence of clinically atypical forms of SCC has been described and the need for early diagnosis and treatment has been emphasized⁵.

Finally, we must take into account that skin cancer is a preventable condition, both by means of changes in lifestyle and by the early detection of precancerous skin lesions—conditions which entail the malignant transformation of skin cells. Basic prevention measures taken by Primary Care teams should include: a) health education on appropriate sun exposure; b) protection and hygiene measures

that should be taken when developing potentially cancerous activities; c) observation and suspicion of lesions in patients with scars, ulcers, lichen sclerosus et atrophicus, mucous lichen planus, senile skin atrophy or infection by HPV.

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