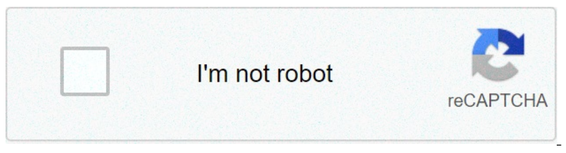

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Squamous cell skin

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These tumors are most often found in areas exposed to the sun, such as head, neck and arms, but may also occur elsewhere. They are very common, but they are usually very curable. Here you can discover everything about these tumors, including risk factors, symptoms, how they are found and how they are treated. Most skin cancers begin in the upper layer of the skin, called epidermis. There are 3 main types of cells in this layer: Shark cells: These are flat cells in the upper (outside) of the epidermis, which are constantly dispersed as new cells are formed. When these cells grow out of control, they can develop into squamous cell skin cancer (also called squamous cell carcinoma). Base cells: These cells are located at the bottom of the epidermis, called basal cell layer. These cells are constantly divided to form new cells that replace squamous cells that consume the skin surface. As these cells move upwards into the epidermis, they become more flat, until they become squamous cells. Skin tumors beginning in the basal layer of cells are called basal tumors of the skin or basal carcinomas. Melanocytes: These cells produce brown pigment called melanin, which gives the skin its tan or brown color. Melanin acts as a natural body sunscreen, protecting the deepest layers of the skin from some of the harmful effects of the sun. Skin cancer melanoma begins in these cells. The epidermis is separated from the deepest layers of the skin by the underlying membrane. When a skin tumor becomes more advanced, it generally grows through this barrier and deepest layers. Bas cell carcinoma Basocellular carcinoma (also called basal cell carcinoma) is the most common type of skin cancer. Approximately 8 out of 10 cancers are basal cell carcinomas (also called basal tumors). These tumors begin in the basal layer, which is the lower part of the epidermis. These tumors usually develop in areas exposed to the sun, especially the face, head and neck. They tend to grow slowly. It is very rare that a basal cell carcinoma spreads to other parts of the body. But if it is not treated, basal cell cancer can spread in the surrounding areas and invade the bone or other subcutaneous tissues. If not completely removed, the basal cell carcinoma can return (recurrent) in the same place on the skin. People who have had basal skin cancer are more likely to develop new ones elsewhere. Approximately 2 out of 10 skin cancers are squamous cell carcinomas (also called squamous cell tumors). These tumors begin in the flat cells at the upper (external) of the epidermis. These tumors commonly appear on areas exposed to the sun of the body such as face, ears, neck, lips and back of the hands. They can also develop in scars or chronic skin sores elsewhere. Sometimes they start in the atypical keratosis (described below). Less often, they form in the skin of the genital area. Squamoky cell tumors can be removed completely (or treated otherwise), although it is more likely that basal cell tumors grow in the deepest layers of the skin and spread to other parts of the body. Pre-cancerous and other skin diseases related to squamous cell carcinoma Atypical keratosis (solar keratosis) Attic keratosis (AK), also known as solar keratosis, is a pre-cancerous skin pathology caused by excessive exposure to the sun. AKs are usually small (less than 1/4 inch in diameter), rough or squamous spots that can beor meat color. Generally they start on the face, on the ears, on the back of the hands and on the arms of half-age or elderly people with light skin, although they can occur in other areas exposed to the sun. The people who usually develop more than one. AKs tend to grow slowly and usually they don't cause any symptoms (although some could be pruriginous or painful). Sometimes they go alone, but they can come back. A small percentage of AK can turn into cutaneous tumors to squamous cells. Most AKs don't become cancer, but sometimes it can be difficult to distinguish them from Skin cancers, so doctors often recommend treating them. If they are not treated, you and your doctor should check them regularly for changes that could be signs of skin cancer. Squamous cell carcinoma in situ (Bowen’s disease) Squamous cell carcinoma in situ, also called Bowen’s disease, is the first form of squamous cell skin cancer. “In situ” means that the cells from these tumours are still only in the epidermis (the top layer of the skin) and have not invaded the deeper layers. Bowen’s disease appears as reddish spots. Compared to AKs, Bowen’s disease patches tend to be larger, redder, scalar, and sometimes crusty. Like AK, Bowen’s disease usually does not cause symptoms, although it may be itchy or painful. Like most other skin cancers (and AKs), these patches appear more often in areas exposed to the sun. Bowen’s disease can also occur in the skin of the anal and genital areas (where it is known as Queyrat erythplasia or Bowenoid papulosis). This is often related to sexually transmitted infection with human papillomavirus (HPVs), viruses that can also cause genital warts. Bowen’s disease can sometimes progress to invasive squamous cell skin cancer, so doctors usually recommend treating it. People who have these symptoms are also at increased risk of other skin cancers, so it is important to check closely with a doctor. Keratoacanthomas Keratoacanthomas are dome-shaped cancers found on sun-exposed skin. They can start to grow rapidly, but their growth usually slows down. Many keratoacanthomas shrink or even go away on their own over time without any treatment. But some continue to grow, and some may even spread to other parts of the body. They can be hard to tell apart from squamous cell skin cancer, and their growth is often hard to predict, so many skin cancer experts recommend treating them (usually with surgery). Other Types of Skin Cancers Melanoma These cancers develop from melanocytes, the pigment-making cells found in the epidermis. Melanomas are much less common than squamous and basal cell cancers, but are more likely to grow and spread if left untreated. Melanoma are discussed in melanoma skin cancer. Less Common Types of Skin Cancers Other types of skin cancers are much less common and are treated differently. These include: Together, these types account for less than 1% of all skin cancers. Benign Skin Tumors Most skin cancers are benign (not carcinogenic) and rarely if ever they develop into tumors. There are many types of benign skin cancers, including: Most types of moles (see Melanoma Skin Cancer for more information about moles) Seborrheic keratosis: brown, or black spots with a waxy texture or occasionally a slightly rough and friable surface when they are on the legs (also known as keratosis). putty) Hemangiomas Lipomas: soft tumors made up of fat cells Warts: rough surface growth caused by some types of human papillomavirus (HPV) Although many risk factors have been identified for basal and squamous skin cancers, it is not always clear how these factors can cause cancer. Most basal and squamous cell skin cancers are caused by repeated, unprotected exposure of the skin to ultraviolet (UV) radiation from sunlight, as well as artificial sources such as tanning beds. UV rays can damage DNA in skin cells. DNA is the chemical found in each our cells that make up our genes, which control how our cells work. We usually look like our parents because they’re the source of our DNA. But DNA doesn’t just affect how we look. Some genes help control when our cells grow, divide into new cells and die: the genes that help cells grow, divide and stay alive are called oncogenes. Genes that control cell growth by slowing cell division or causing cells to die at the right time are called cancer suppressor genes. Cancers can be caused by changes in DNA that keep oncogens active, or turn off cancer suppressor genes. These types of Changes can lead to uncontrolled cell growth. Researchers do not yet know all DNA changes that cause basal or squamous skin cancer, but they have discovered that in many skin tumors the cells have alterations in tumor suppressor genes. The most often altered gene in squamous cell tumors is the TP53 tumor suppressor gene. This gene normally causes cell death with damaged DNA. When TP53 is altered, these abnormal cells can live longer and become carcinogenic. The genes often changed in basal cell tumors include PTCH1 or PTCH2 genes, which are part of the «signaling way» at the inside of the cells. These are oncosuppressor genes that normally help keep cell growth under control, so changes to one of these genes can allow cells to grow out of control. People with Nevo Basocellulare syndrome (Gorlin syndrome), which is often inherited from a parent and causes many basicellular tumors, have a PTCH1 gene altered in all the cells of their body. These are not the only genetic changes that have a role in the development of skin cancer. There are many others. People with pigmented Xeroderma (XP) are at high risk of skin cancer. The XP is a rare hereditary pathology caused by a modification of one of the XP (ERCC) genes, which causes a defect in one of the proteins that normally helps repair DNA damage. As people with XP are less able to repair DNA damage caused by sunlight, often develop many tumors on areas exposed to their skin. The link between squamous cell cancer and infection with some types of human virus papillomas (HPV) also involves DNA and genes. These viruses have genes that affect proteins that regulate the growth of infected skin cells. This can succeed that skin cells grow too much and do not die when they should. Scientists are studying other links between DNA changes and skin cancer. A better understanding of how the damaged DNA leads to skin cancer could be used to design treatments to overcome or repair that damage.

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