Cheek Growth

Benjamin Barankin, MD FRCPC

An 84-year-old female has a slowly growing lesion on her left cheek that does not seem to bother her. She has a history of Parkinson's disease, but no skin problems.

1. What is the most likely diagnosis?

a. Sclerosing basal cell carcinoma
b. Squamous cell carcinoma
c. Keratoacanthoma
d. Hypertrophic actinic keratosis
e. Seborrheic keratosis

2. What are some risk factors for development?

a. Chronic inflammation
b. Genetic susceptibility (*e.g.*, xeroderma pigmentosum)
c. Human papilloma virus
d. Chronic ultraviolet exposure
e. All of the above

3. How could you manage this lesion?

a. Radiation therapy
b. Surgical excision
c. Mohs surgery
d. Electrodesiccation and curettage
e. All of the above

Squamous cell carcinoma (SCC) is the second most common skin cancer. SCC is due to a proliferation and malignant change of epidermal keratinocytes, and can affect skin and mucous membranes. The mucous membrane of the lower lip is more commonly affected than the upper lip, and lesions overwhelmingly affect males. They can develop in the setting of actinic keratoses, leukoplakia, radiation dermatitis, chronic arsenic exposure, scars, burns, chronic ulcers or sinusitis.

On sun-exposed areas of the body, lesions are asymptomatic, but may have features such as ulceration, bleeding, and tenderness. Unlike BCCs, SCCs can metastasize via direct, lymphatic, and hematogenous extension. In Canada, there are over 25,000 diagnoses of SCC per year, with an annual incidence of 1 in 1,000 individuals; the frequency of SCC is rising significantly.

Incidence of SCC increases with more UV light exposure Long-term use of PUVA therapy for skin diseases also increases risk of SCC. Individuals with fair complexions, and light-coloured hair and eyes (those that burn easily in the sun), are most vulnerable. Men are more typically affected, as are the elderly. Individuals with genetic disorders such as xeroderma pigmentosum or albinism have a vastly increased risk of developing SCC, as do transplant patients on immunosuppressive medications.

The diagnosis of SCC is based on clinical suspicion, and confirmed by biopsy. Treatment options include surgical excision or curettage and electrosurgery. Mohs micrographic surgery is indicated for aggressive subtypes of SCC, recurrent tumours, or highly aggressive features (*e.g.*, SCC in a burn scar). Mohs surgery has a five-year cure rate of 97%, as opposed to 92% for other modalities. Dx

Answers: 1-b; 2-e; 3-e

Dr. Barankin is a Dermatologist, and Medical Director of the Toronto Dermatology Centre, Toronto, Ontario.

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