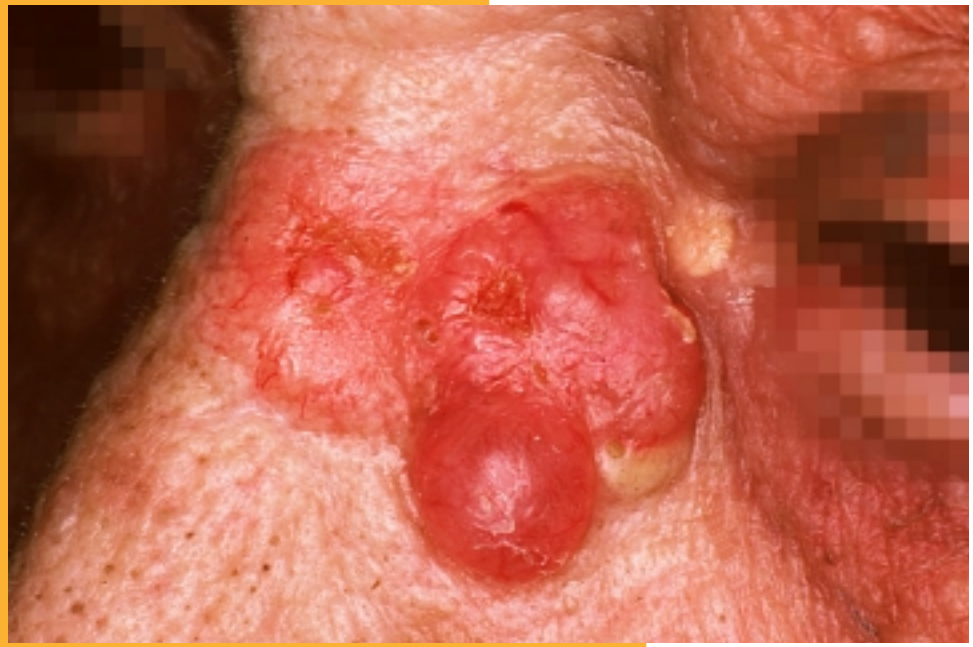
Chapter 15:

Malignant skin tumours

15.1 Basal cell carcinomas



Nodular basal cell carcinoma

Globular tumour with a waxy or reddish tint, more or less translucent ("pearly" carcinoma), the smooth surface of which is streaked with fine telangiectases. The most common site is the face, but other areas can also be involved: back, limbs, genital region. Nodular basal cell carcinoma increases gradually in size and can ulcerate.

Basic Lesions: Nodules

Causes: Sunlight, Ultraviolet Radiation

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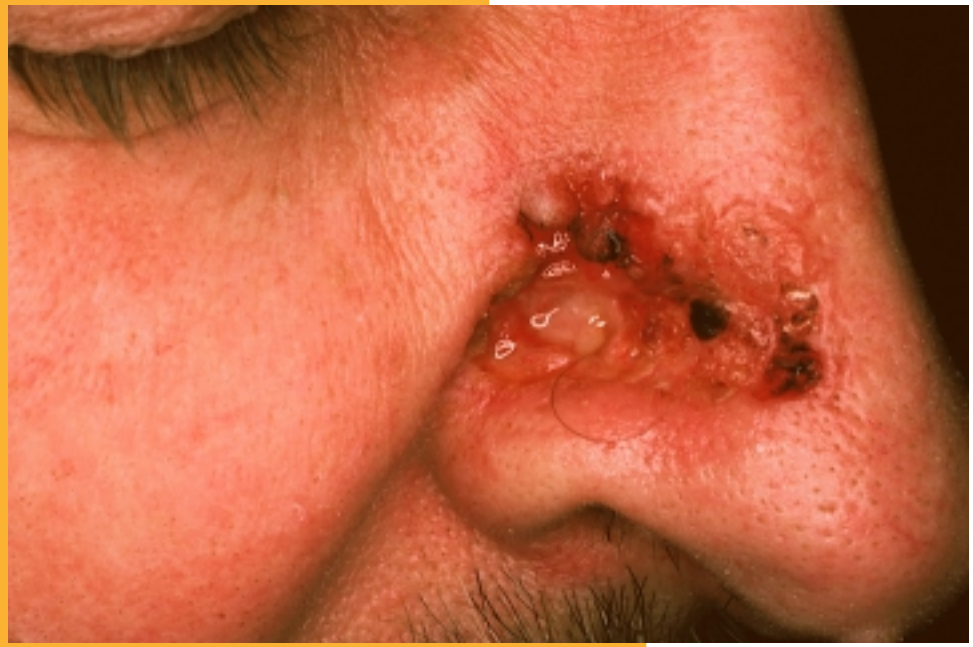


Rodent ulcer

This variant of ulcerated basal cell carcinoma is characterized by

1. an ulcer as the primary lesion

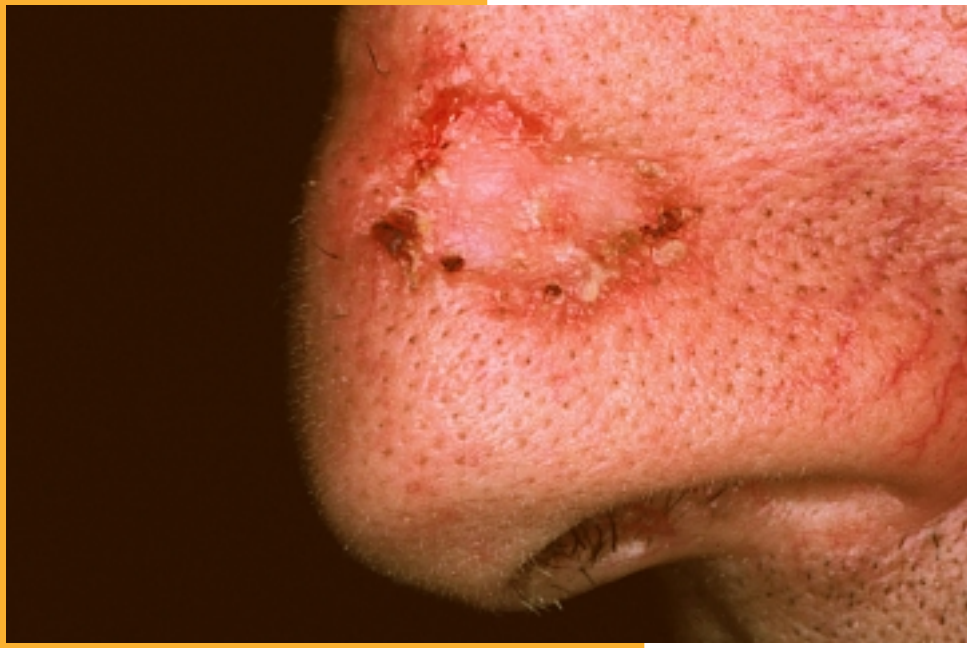
2. considerable superficial spread

3. considerable spread in depth: the tumour "eats" into the tissue (hence "rodent ulcer")

4. the persistence of a translucent pearly and slightly telangiectatic border is very characteristic of basal cell carcinoma.

Basic Lesions: Nodules; Ulcers

Causes: Sunlight, Ultraviolet Radiation

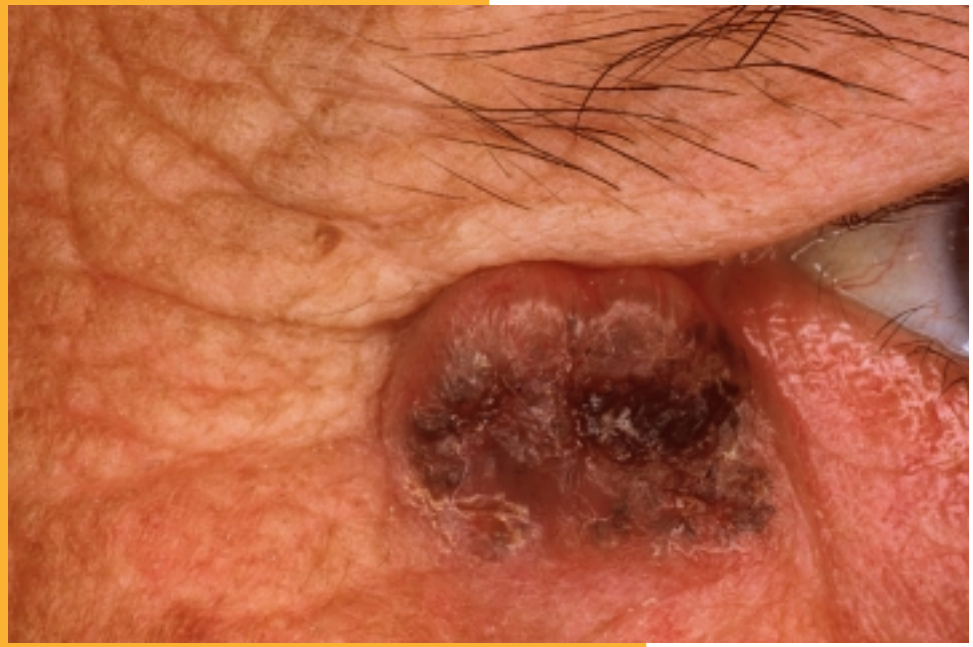


Flat cicatricial basal cell carcinoma ("scleroderma-like" carcinoma)

This variant of carcinoma appears more like a plaque than a nodule. The whole central area of the lesion is white, atrophic, sclerous, and morphoea-like, but unlike morphoea it is streaked with telangiectases. At the edge of the lesion there is usually a pearly, telangiectatic, indurated swelling, sometimes covered with small crusts.

Basic Lesions: Nodules; Atrophy; Sclerosis

Causes: Sunlight, Ultraviolet Radiation



Pigmented basal cell carcinoma

A very rare variant, pigmented basal cell carcinoma is characterized by a considerable excess of melanin. It is usually nodular and is not ulcerated.

Basic Lesions: Nodules

Causes: Sunlight, Ultraviolet Radiation

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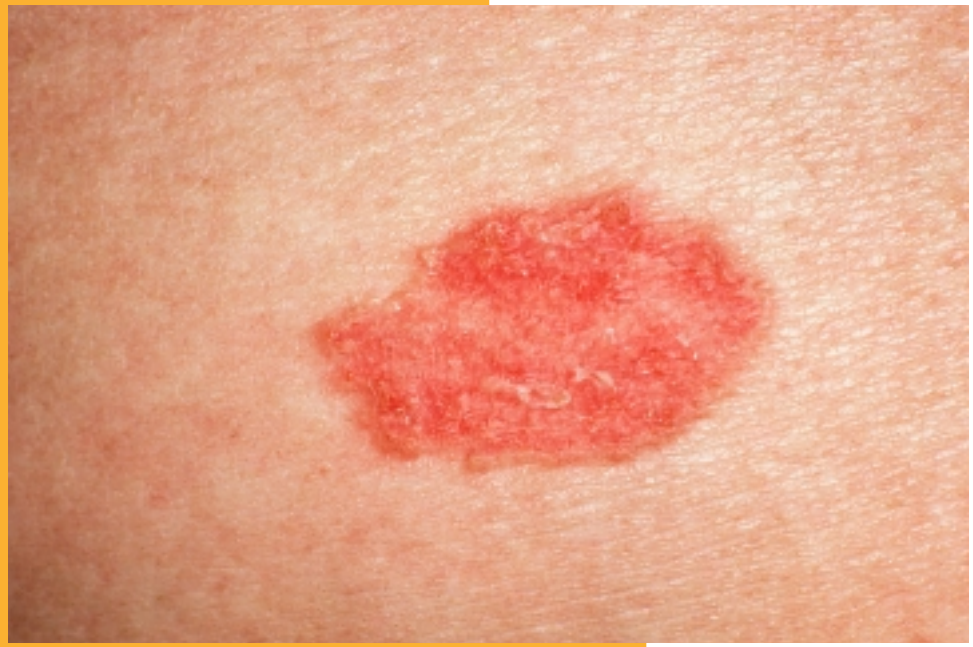


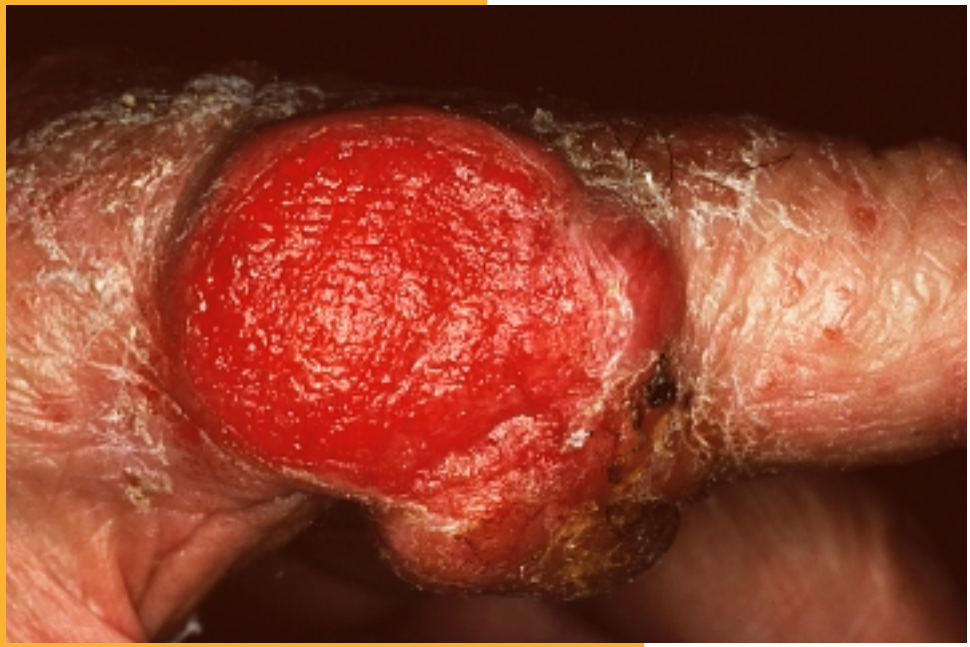
Pagetoid basal cellular carcinoma (superficial basal cell carcinoma)

The usual appearance is a pink plaque distinctly circumscribed by rounded outlines. Its limits are usually marked by a fine, pearly, filiform edge, which distinguishes it from Bowen's disease. Growth is very slow. The preferred site of this variant is on the trunk.

Basic Lesions: Erythematous Macule; Scales

Causes: None specific

15.2 Squamous cell carcinomas



The majority of squamous cell carcinomas are seen on uncovered areas: face (lower lip in particular) and the back of the hands. They develop either in apparently healthy skin, or, most frequently, over a precancerous lesion: solar keratosis, Bowen's disease, etc. They are liable to metastasize, mainly via lymph.

Basic Lesions: Nodules

Causes: Sunlight, Ultraviolet Radiation

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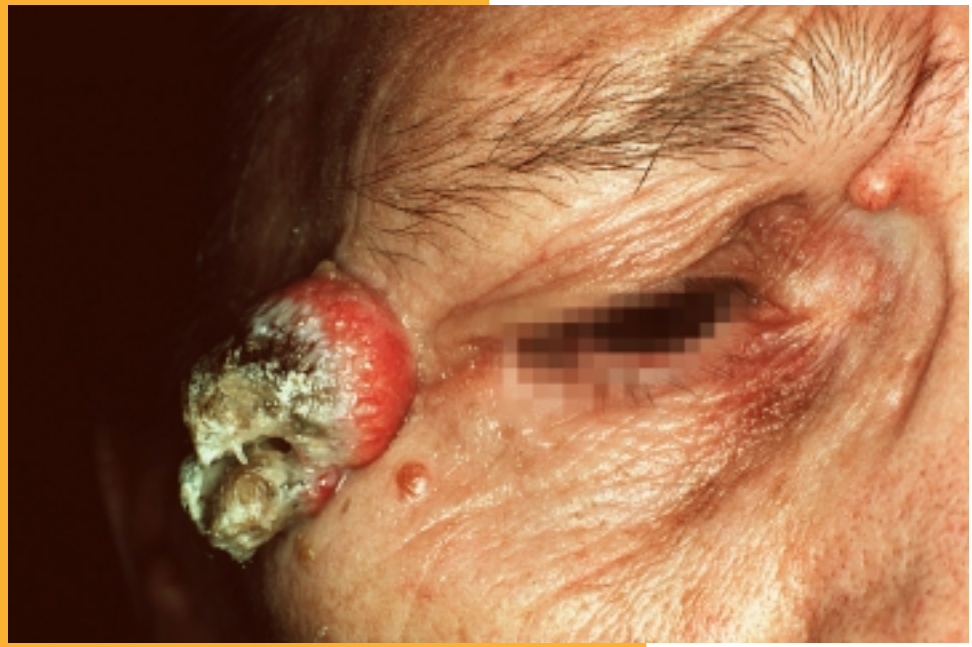
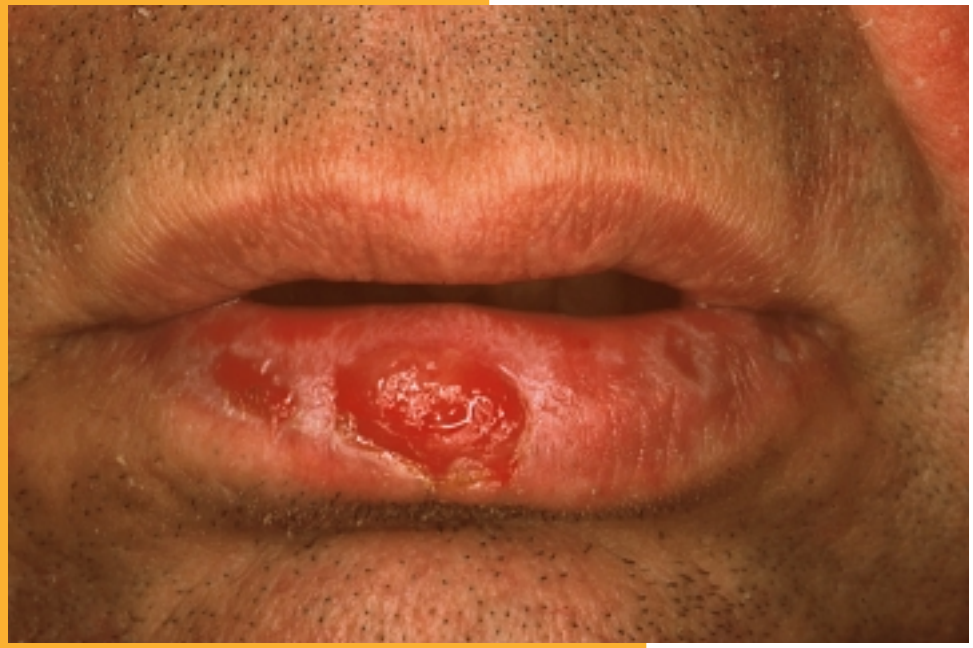


Squamous cell carcinoma of the face

Large, ulcerated, which oozes blood and forms crusts. The peripheral swelling is very indurated.
The base of the whole lesion is distinctly infiltrated.

Basic Lesions: Nodules

Causes: Sunlight, Ultraviolet Radiation

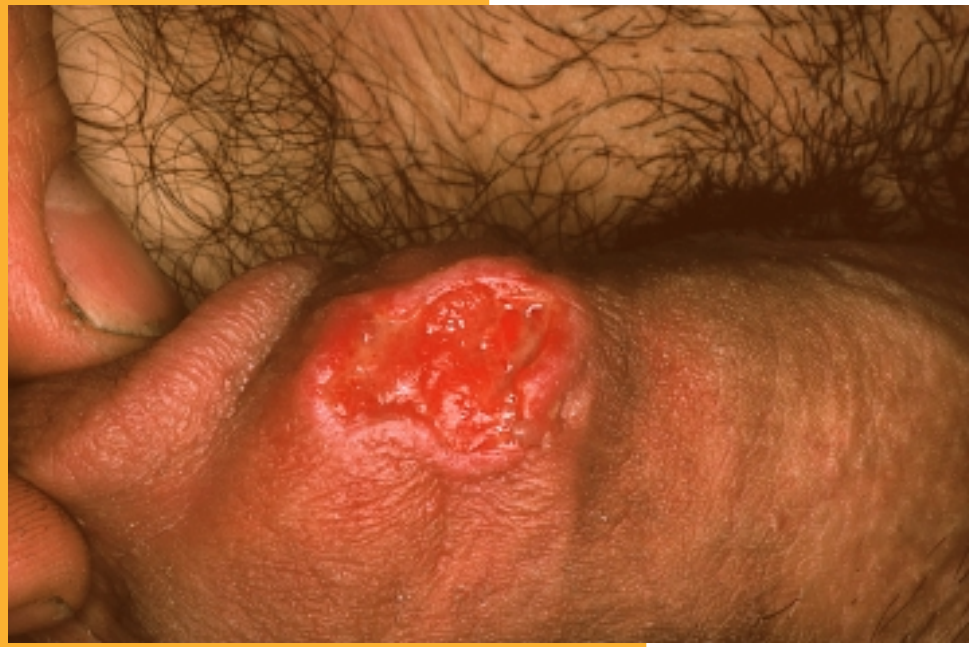


Squamous cell carcinoma of the lower lip

This sanious ulceration is surrounded by an indurated peripheral swelling. In the present case it is developing from actinic cheilitis.

Basic Lesions: Nodules; Scales; Crusts; Ulcers

Causes: Sunlight, Ultraviolet Radiation



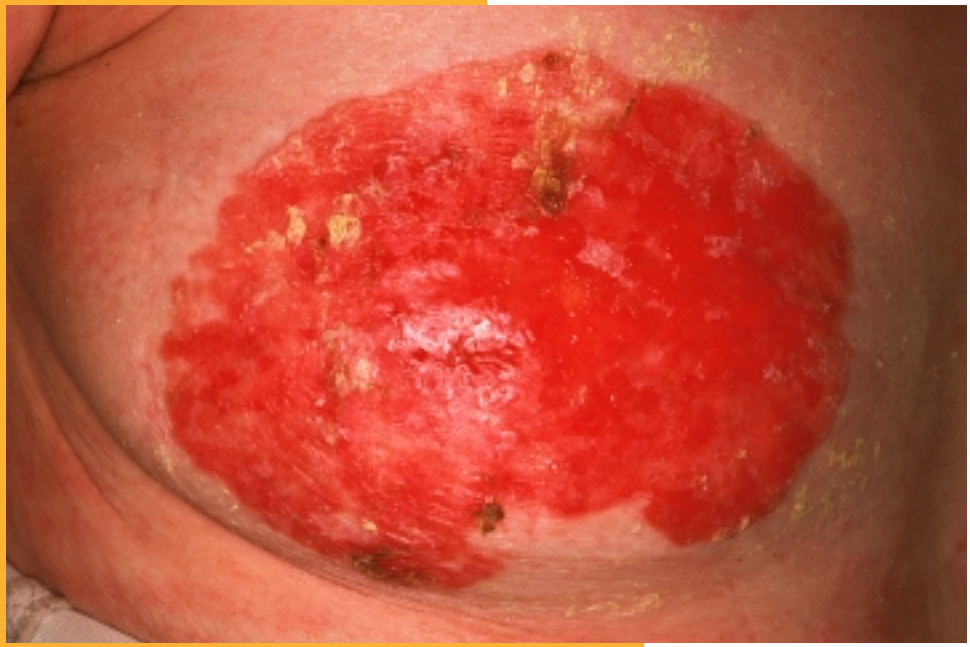
Squamous cell carcinoma of the penis

Hard ulcerated vegetating tumour of the glans.

Basic Lesions: Nodules

Causes: None specific

15.3 Paget's disease

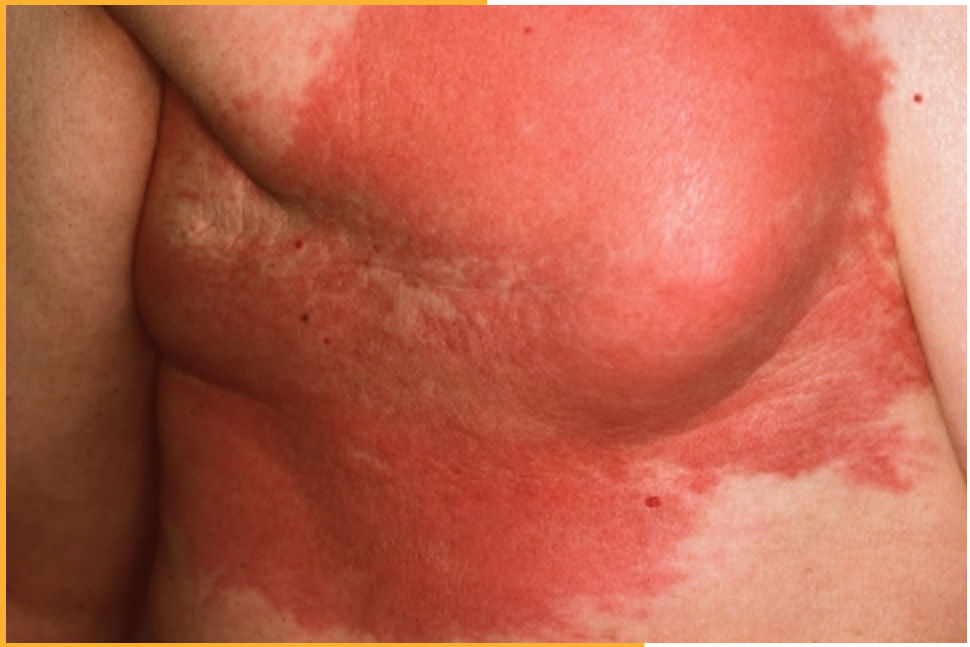


Encrusted scaly erythematous and locally erosive plaque on the nipple and the areola. Its perfectly defined border distinguishes it from an eczematous reaction (see page 52). The disappearance of the nipple's elevation must also be noted.
This carcinoma is seen in 3 to 5% of breast cancers and develops mainly in postmenopausal women. Extramammary sites are rare and confined to skin areas with apocrine sweat glands (genitals, perineum, perianal region).

Basic Lesions: Erythematous Macule; Scales; Crusts

Causes: None specific

15.4 Cutaneous metastases



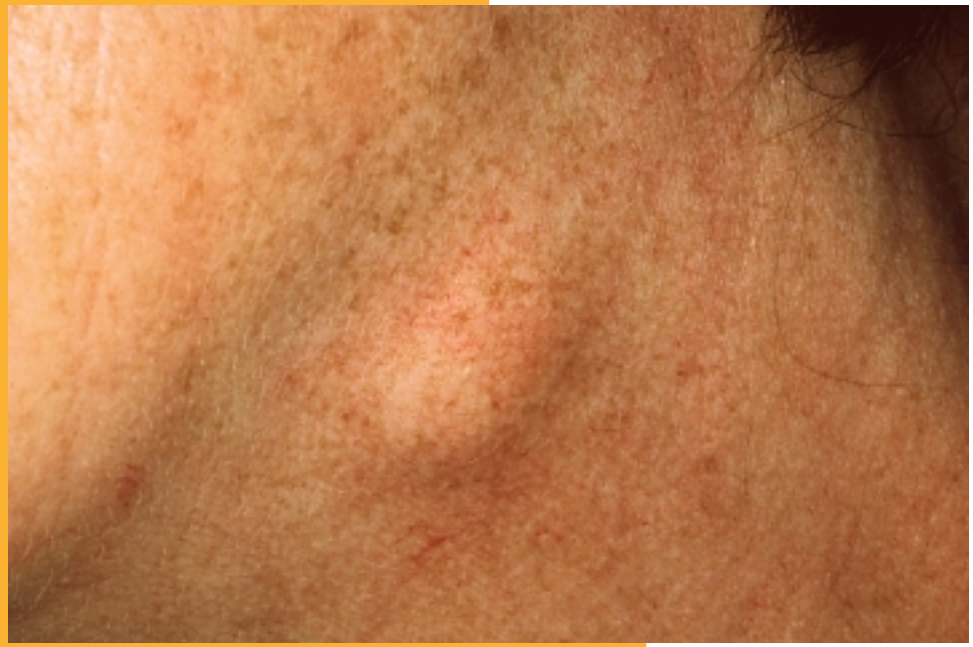
Cutaneous metastases of deep cancers can assume various clinical appearances:

Carcinomatous lymphangitis

Classically observed in cancer of the breast, characterized by an extensive inflammatory plaque, sometimes wrongly called "carcinomatous erysipelas".

Basic Lesions: Erythematous Macule; Nodules

Causes: None specific



Cutaneous metastases *continued*

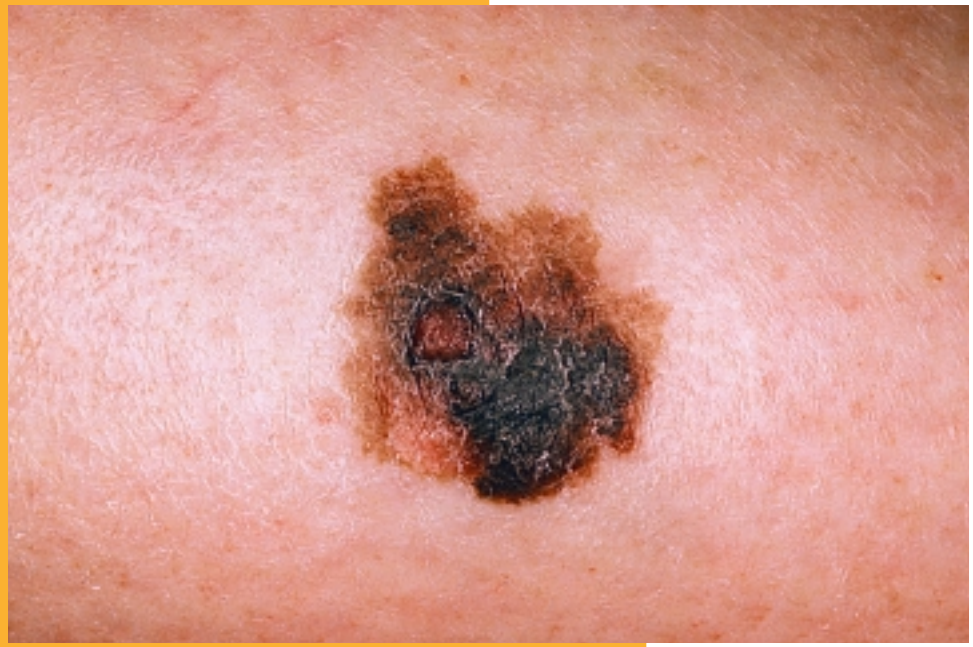
Nodularcutaneous-subcutaneous metastases

forming skin-embedded spherical colourless or bluish masses.

Basic Lesions: Nodules

Causes: None specific

15.5 Melanoma (malignant)



Melanoma is a tumour which develops either as a primary lesion from epidermal melanocytes or from the cells of congenital junctional and compound naevi, or much more rarely from intradermal and blue naevi. It metastasizes via lymph and/or blood. Several variants of melanoma have been described:

Basic Lesions: Pigmented Macules; Nodules

Causes: None specific

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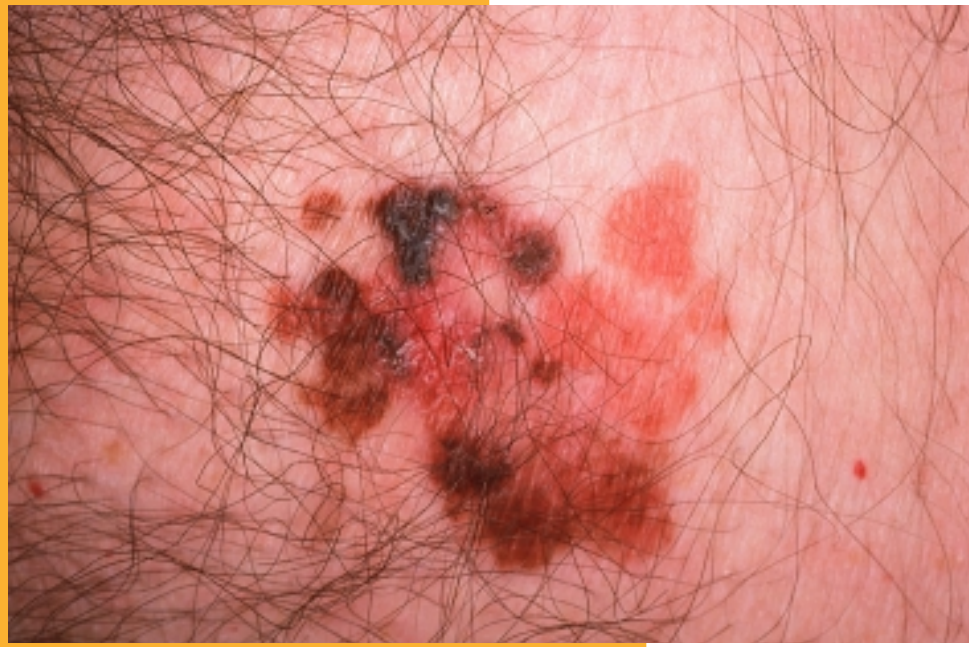
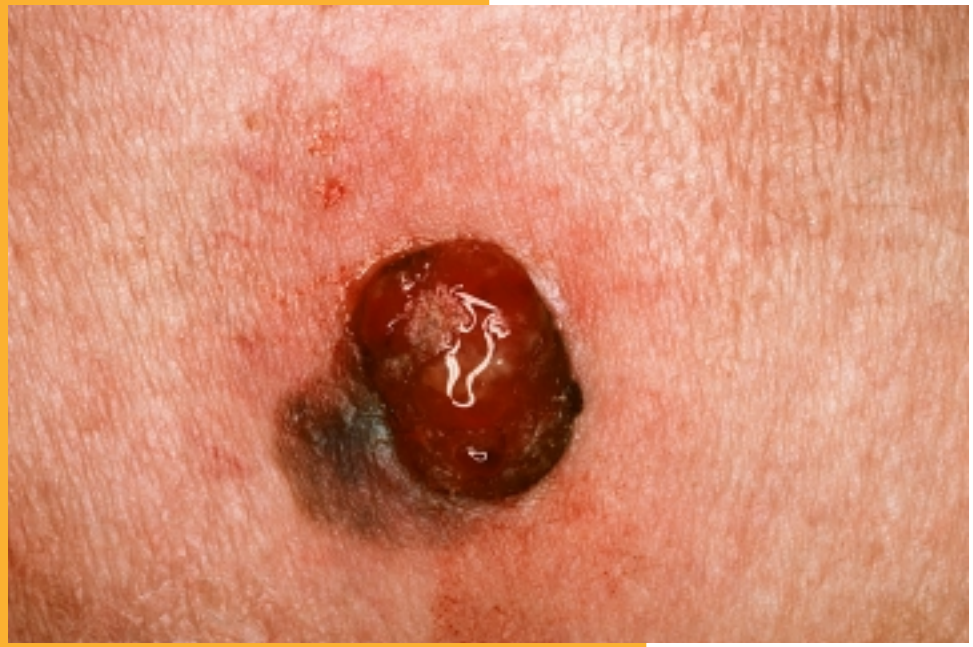


Superficial spreading melanoma (SSM)

Slightly raises melanotic spot, varying in colour from brown to black, with a margin. It undergoes a horizontal growth phase lasting several months and then finally starts its vertical phase, in which it invades the deep tissue. It occurs anywhere on the body, but more readily on the back in men and on the legs in women.

Basic Lesions: Pigmented Macules

Causes: None specific

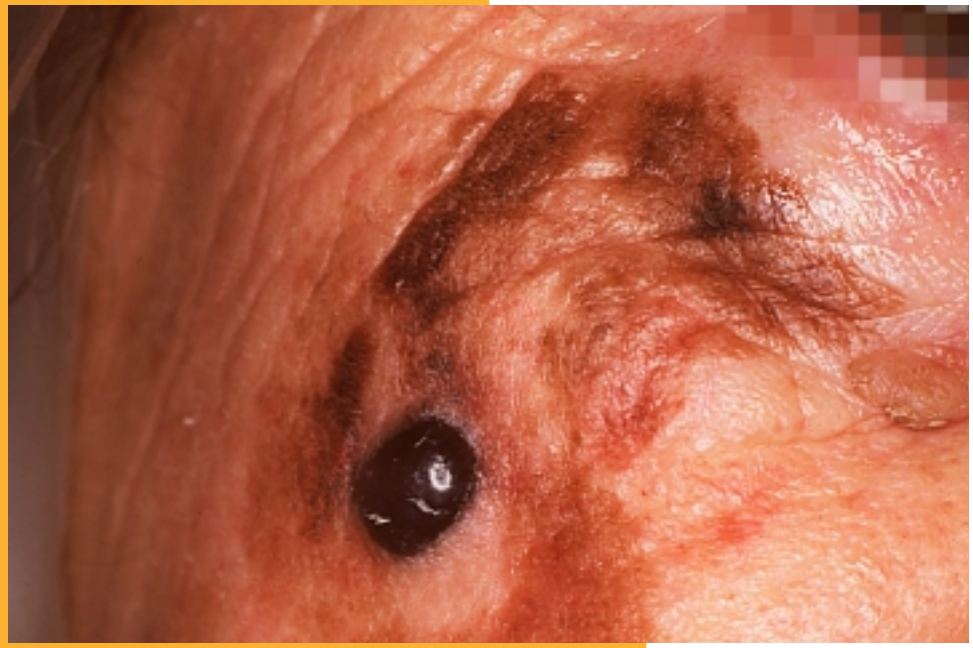


Nodular melanoma

Infiltrated brown or black nodules, sometimes violet-red and more rarely achromic. The lesion, which is often dome-shaped, finally ulcerates and bleeds.

Basic Lesions: Nodules

Causes: None specific

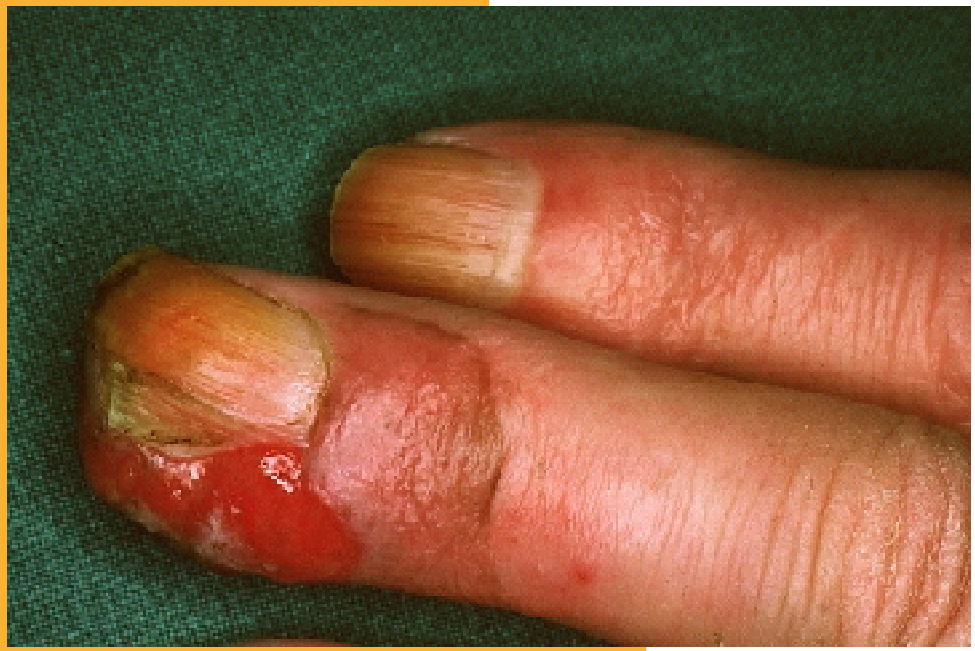


Melanoma developing over Dubreuilh's melanosis precancerosa

Infiltrated nodular formations, which may or may not be pigmented, sometimes oozing blood, developing from a Dubreuilh's melanosis.

Basic Lesions: Pigmented Macules; Nodules

Causes: Sunlight, Ultraviolet Radiation

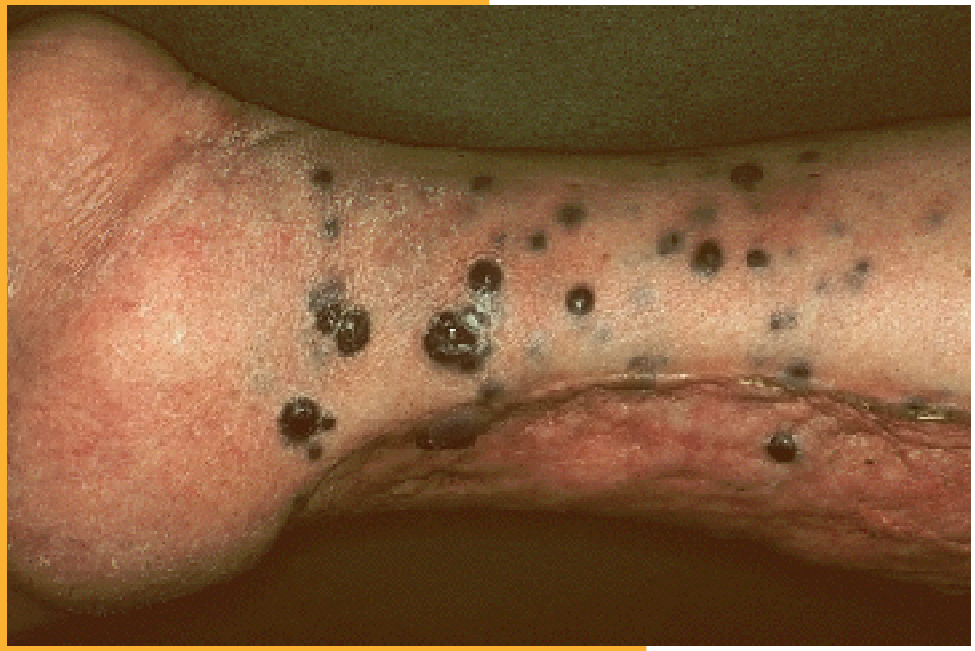


Acral lentiginous melanoma (melanoma of the extremities)

Located on the extremities (palm of the hands, sole of foot, digital extremities), it resembles superficial spreading melanoma or nodular melanoma, representing only a particular site of either of these.
The illustration suggests this double categorization particularly well.

Basic Lesions: Pigmented Macules; Nodules

Causes: None specific



Melanoma metastases

Numerous black or bluish indurated nodules developing near a previously excised melanoma.

Basic Lesions: Pigmented Macules; Nodules

Causes: None specific

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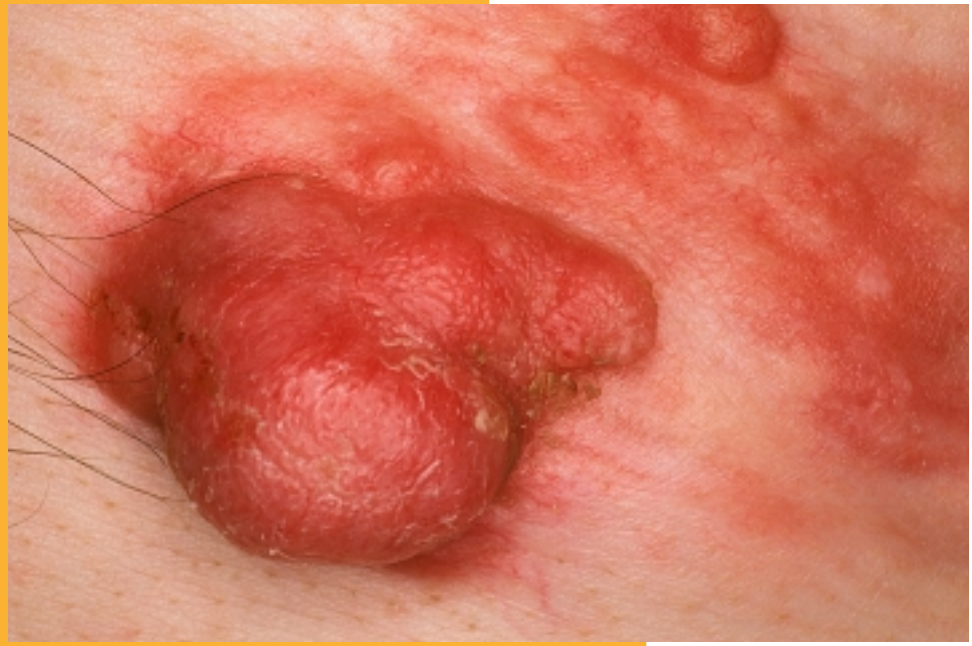
15.6 Dermatofibrosarcoma protuberans (Darier-Ferrand fibrosarcoma)



Large multinodular dented tumour which adheres to the skin surface without ulcerating it and infiltrates the dermis and subcutaneous tissue, often beyond the limits of palpation. The tumour develops gradually, without painful symptoms. It affects adults of both sexes with a preference for the trunk and the base of the limbs. This fibrosarcoma has local malignancy, but can metastasize in exceptional cases.

Basic Lesions: Nodules

Causes: None specific

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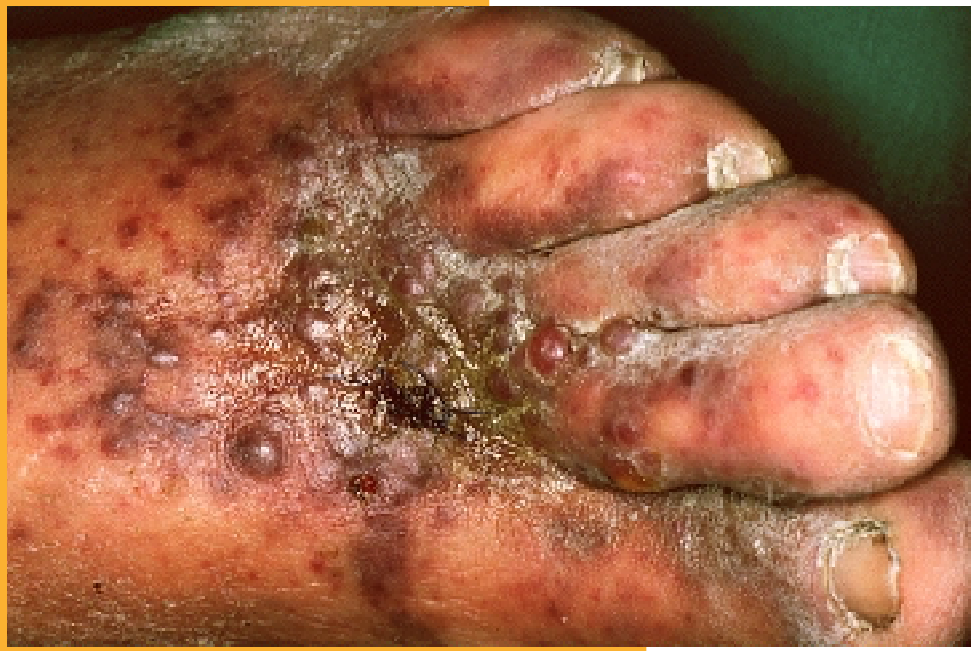
15.7 Kaposi's angiosarcoma



Violet nodules on the ankles and feet in an elderly patient. In the present case it is not occurring in the context of acquired immune deficiency syndrome.

Basic Lesions: Vascular Macule; Nodules

Causes: None specific

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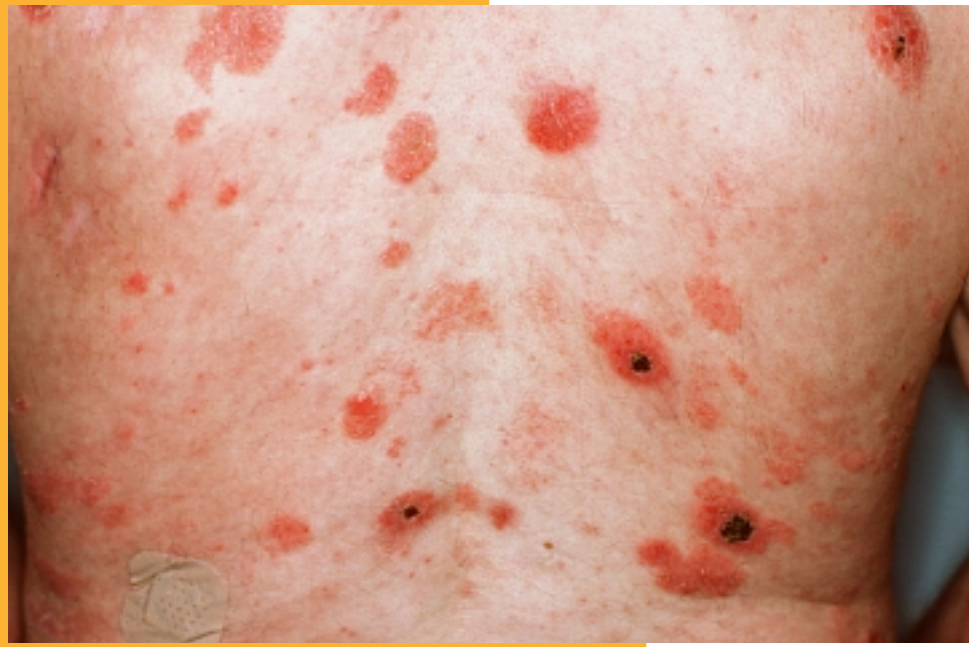
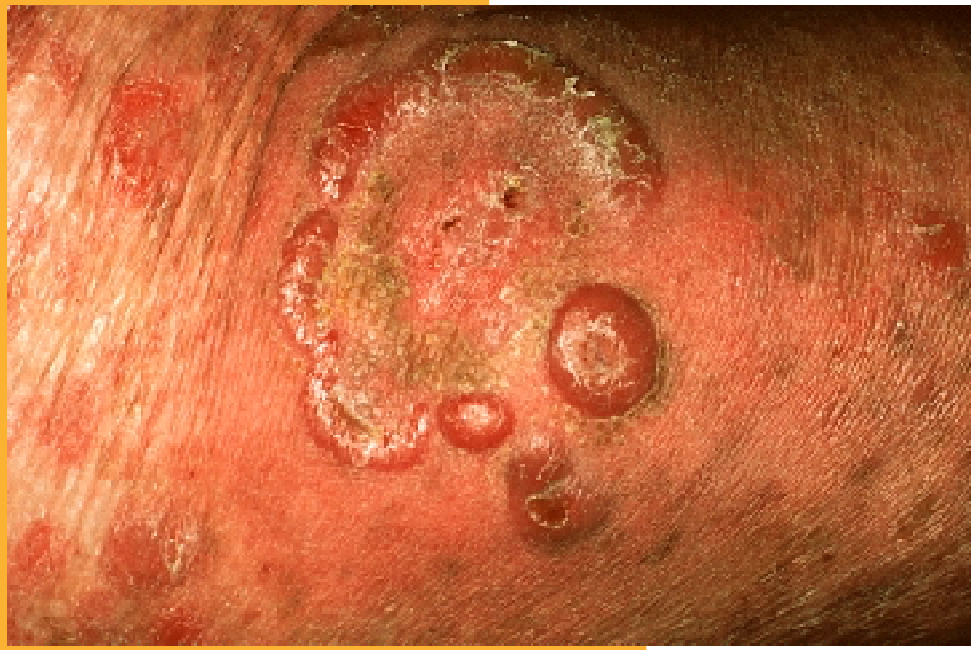
15.8 Malignant lymphomas – mycosis fungoides



Among the many malignant cutaneous lymphomas, mycosis fungoides (epidermotropic T-lymphoma) represents an unusual entity. At the eruptive stage, the clinical picture is characterized by dull coppery red infiltrated plaques distributed in arcs.

Basic Lesions: Erythematous Macule; Nodules

Causes: None specific



Malignant lymphomas – mycosis fungoides

continued

Tumours can subsequently develop, and these may ulcerate.

Basic Lesions: Ulcers

Causes: None specific

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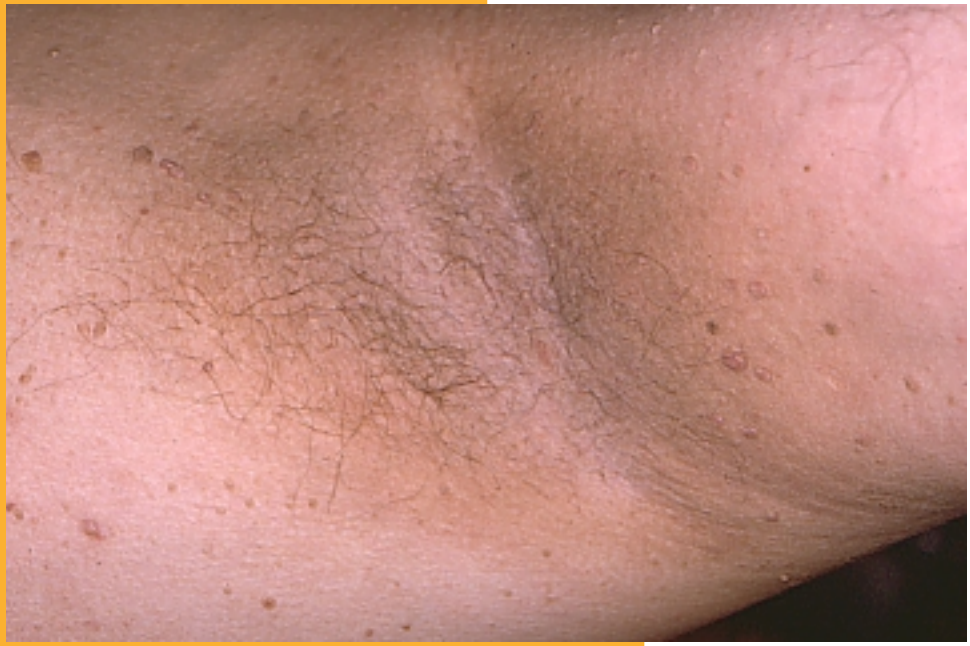
15.9 Paraneoplastic syndromes



Malignant neoplasms can be accompanied by skin diseases which themselves are not neoplastic in character, nor directly caused by the presence of the tumour (in contrast to metastases), but which develop alongside the malignant neoplasm, regressing if and when the latter is eliminated and reappearing if it recurs. These so-called paraneoplastic dermatoses can occur when the malignant neoplasm has already distinctly developed, but they can also appear as a sign revealing a small neoplasm (Bazex's sign).

Basic Lesions: None specific

Causes: None specific

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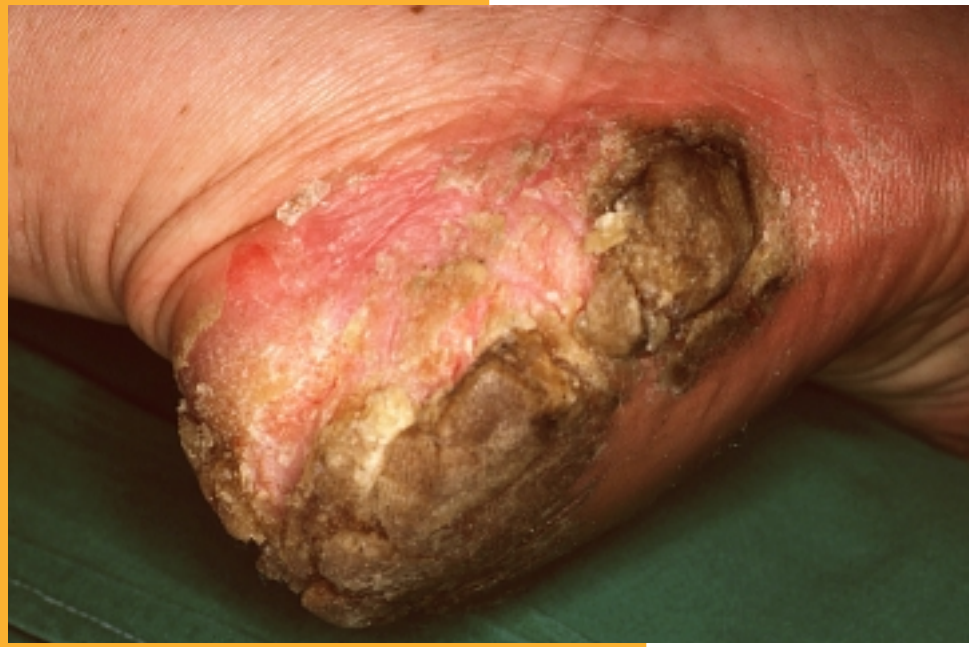

Bazex's paraneoplastic acrokeratosis

Paraneoplastic skin diseases are, amongst others, malignant acanthosis nigricans, Gammel's erythema gyratum repens, and Bazex's paraneoplastic keratosis, hypertrichosis lanuginosa.
Both last diseases have been selected to illustrate paraneoplastic syndromes.

Basic Lesions: Warts; Keratoses

Causes: None specific

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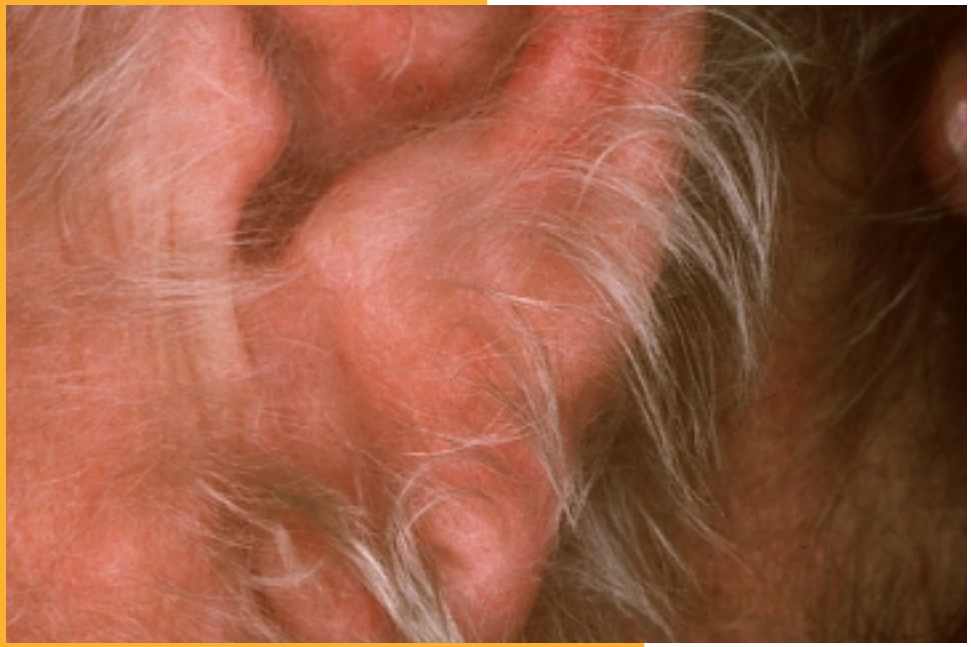
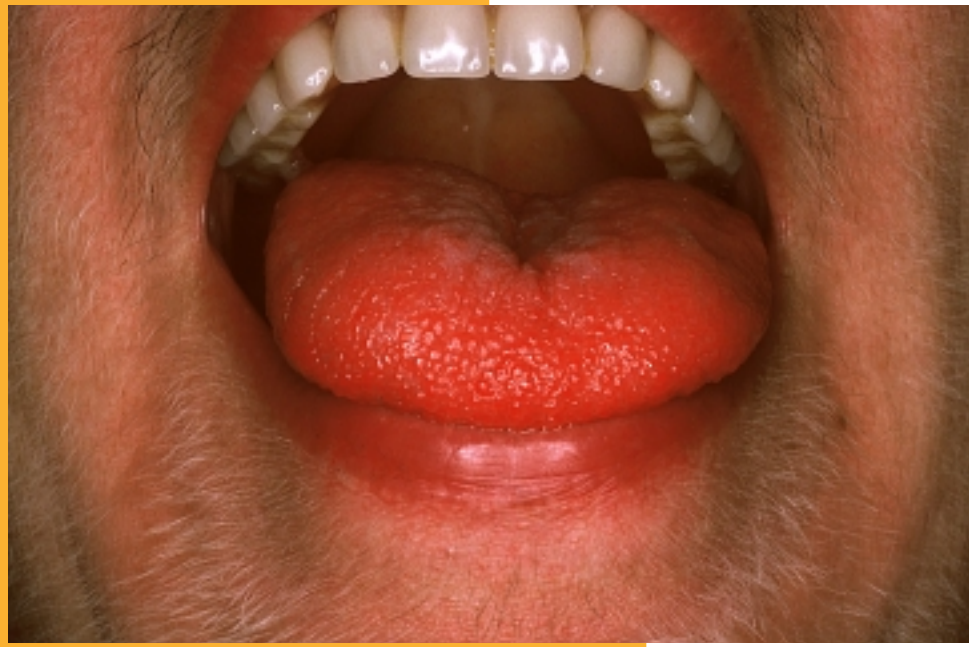


Hypertrichosis lanuginosa

This occurs suddenly (within a few weeks), in the form of a down of long, white, silky, fine, and extremely numerous lanuginous hairs extending all over the glabrous skin and especially on the face. The rate of growth is accelerated and the hair (of the head) becomes more luxuriant. The papillae on the lingual mucosa are hypertropic and glazed. There is a distinct change in the sense of taste.

Basic Lesions: None specific

Causes: None specific



Hypertrichosis lanuginosa

continued

The appearance of such a picture must lead one to suspect the presence of an associated neoplasm. In the present case a neoplasm was detected in the breast. Radical treatment of the cancer leads to the disappearance of the acquired lanuginous hypertrophy. The recurrence of the neoplasm is accompanied by reappearance of the hypertrichosis (paraneoplastic dermatosis in the strict sense).

Basic Lesions: None specific

Causes: None specific

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