

Incidence and Outcome of Cutaneous Malignancies in Tertiary Care Hospital

¹Dr.V.Lekshmi Narayani MS (GS) DGO,

²Dr.K.S.Saravana Raju MS (GS) ³Dr.Sumathi.

¹Associate professor of surgery. Coimbatore Medical College and hospital. Coimbatore.Tamilnadu,India

²Assistant professor of surgery.GMCand ESI hospital. Coimbatore. Tamilnadu, India

³Associate professor of pathology. GMCandESI hospital. Coimbatore Tamilnadu.

Corresponding Author: Dr.V.Lekshmi Narayani MS

Abstract

Keywords : Skinlesions, basal cell ca, malignant melanoma, squamous cell ca and excision biopsy

Date of Submission: 05-01-2018

Date of acceptance: 20-01-2018

I. Introduction

Skin cancers are increasing worldwide in last few decades. Mainly occurs in sun light exposed areas due to UVB rays. Though Indians having low incidence of skin malignancies non melanoma skin cancers are in raising trend. Basal cell cancer, squamous cell cancer and malignant melanoma are the common cutaneous malignancies potential in their ascending order. In India squamous cell ca is more common than BCC. Early diagnosis and appropriate treatment not only reduces the morbidity and also provides good quality of life and survival of the individual.

II. Methods And Materials

A prospective study done in CMCH Coimbatore among patients admitted with cutaneous malignancies for a period from September 2011 to November 2012.

III. Results

Total no of skin malignancies diagnosed was 45 cases.Males 24 and females 21.Incidence was 2.2% of all malignancies.Squamous cell carcinoma in 31 patients.Basal cell carcinoma in 10 patients.And malignant melanoma in 4 patients.

IV. Conclusion

Skin cancer is becoming common among Indians due to their excessive and prolonged exposure to sunlight . The best modality of diagnosis is biopsy and in our set up surgery was the best modality of treatment.

V. Aim

To study the incidence, clinical, anatomical presentation and management of various types of cutaneous malignancies in tertiary care centre-Coimbatore Medical College.

VI. Objectives

To study the incidence, clinical, anatomical presentation and management of the cutaneous malignancy in Tertiary care hospital-COIMBATORE MEDICAL COLLOGE HOSPITAL.

VII. Methodology

Study population taken up from patients in Coimbatore Medical College Hospital Coimbatore from the department of surgery, dermatology and plastic surgery.

Period of surgery-Study was conducted between September2011-November2012.

Study type-Prospective study

7.1 Inclusion criteria

1. Adult patients with chronic nonhealing skin ulcers.
2. Suspected malignant cutaneous lesion

3. Patients with sudden increase in size or colour change in pre-existed mole.

Exclusion criteria

1. Age < 18 years
2. Pregnant women
3. Psychiatric patients
4. Other malignancies and malignancies of external genitalia and anal region.

All patients with suspected cutaneous malignant lesion were examined and investigations done. Biopsy was done in all cases to confirm the diagnosis. Specimens sent for histopathological examination correlated with clinical diagnosis. Depending upon the size and site of lesion and type of malignancy various modalities of treatment adapted. Analysis data were reported accordingly to Age, Sex distribution, Anatomical presentation and their distribution of various type of skin malignancies, procedures done and the outcome.

VIII. Observation And Results

Table: 1 Incidence In Our Study

Total cases	45
Squamous cell carcinoma	31 (69%)
Basal cell carcinoma	10 (22%)
Malignant melanoma	04 (9%)
Others	Nil

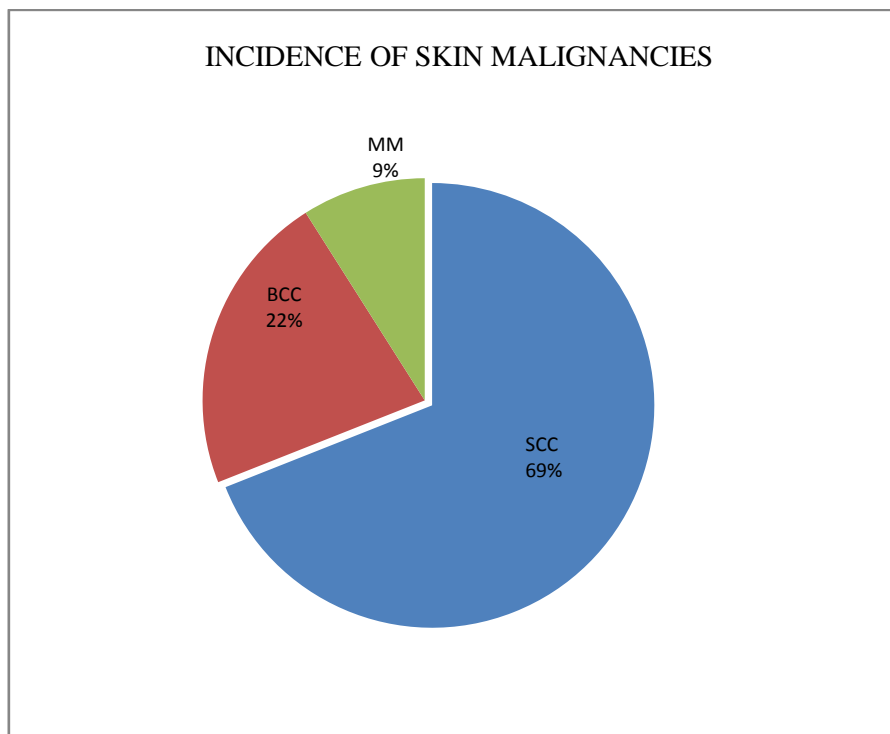
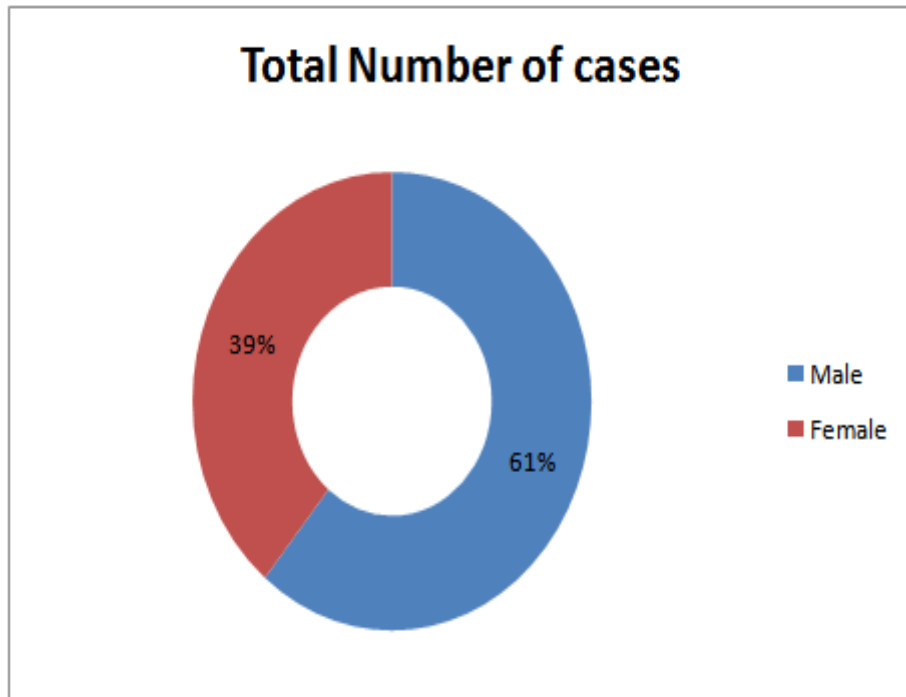


Table: 2 squamous Cell Carcinoma (Sex distribution)

Sex	Total Number of cases
Male	19 (61%)
Female	12 (39%)



c

Table : 3 Age Distribution In Scc

Age in years	Male	Female
30 – 40	-	1
41 – 50	5	7
51 – 60	5	3
61 -70	7	-
71 – 80	1	1
81 -90	1	-

Chart : 3 Age Distribution In Scc

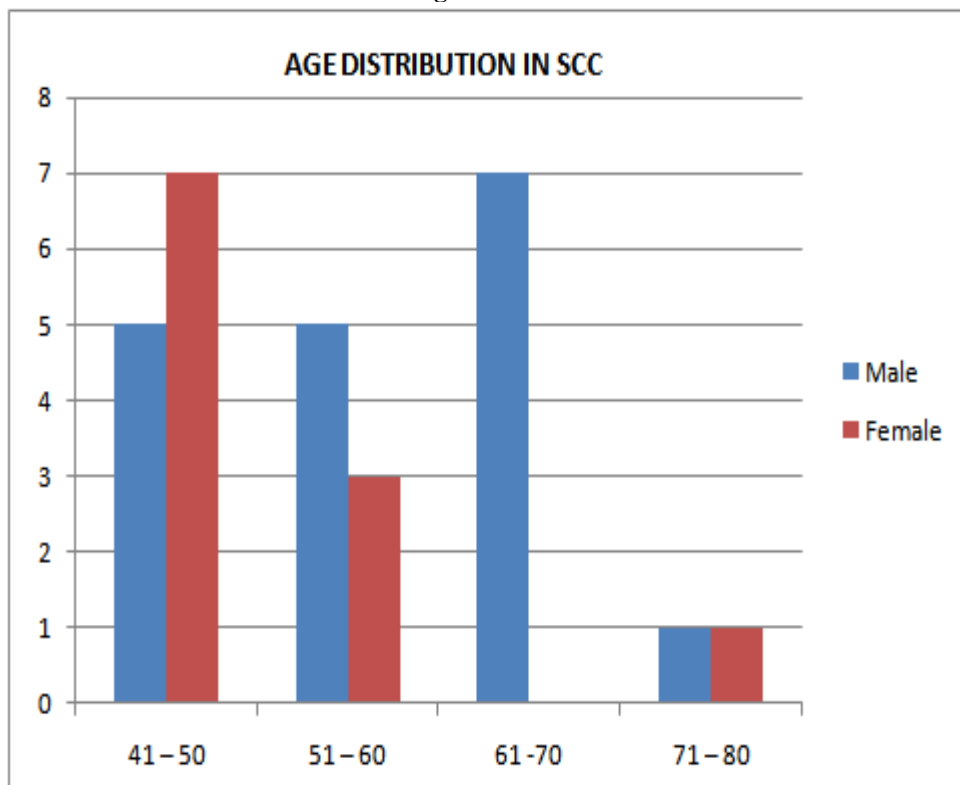


Table : 4 Histological Type In Scc

Type	Male	Female
SCC Proper	12	9
Verrucous	7	3

Table : 4 Histological Type In Scc

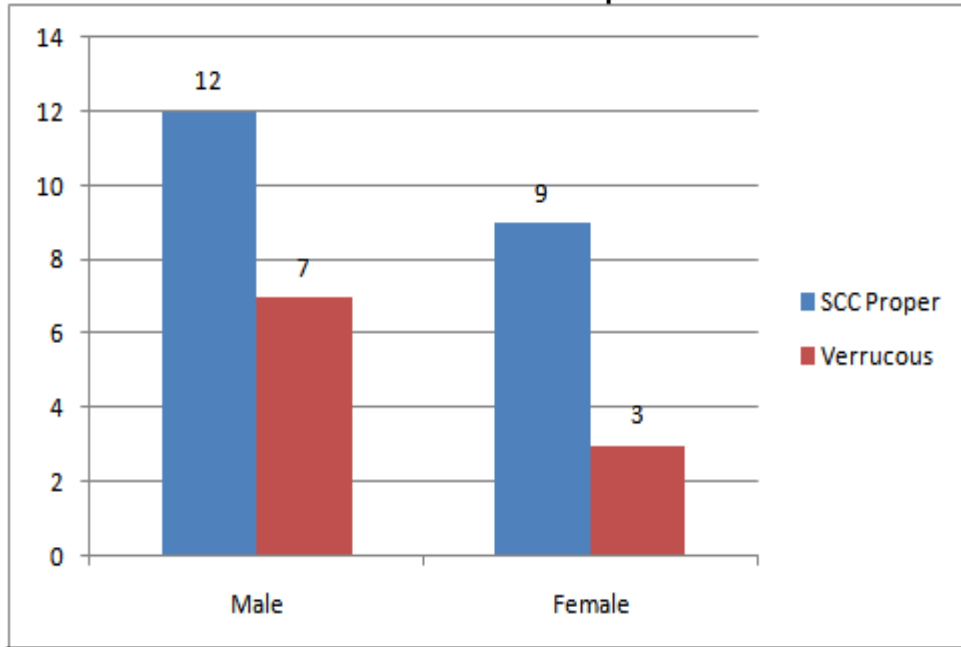


Table : 5 Histological Grade In Scc

SCC Grade	No. of Cases	Percentage
Well Differentiated	14	67
Moderately Differentiate	7	33

Chart : 5 Histological Grade In Scc

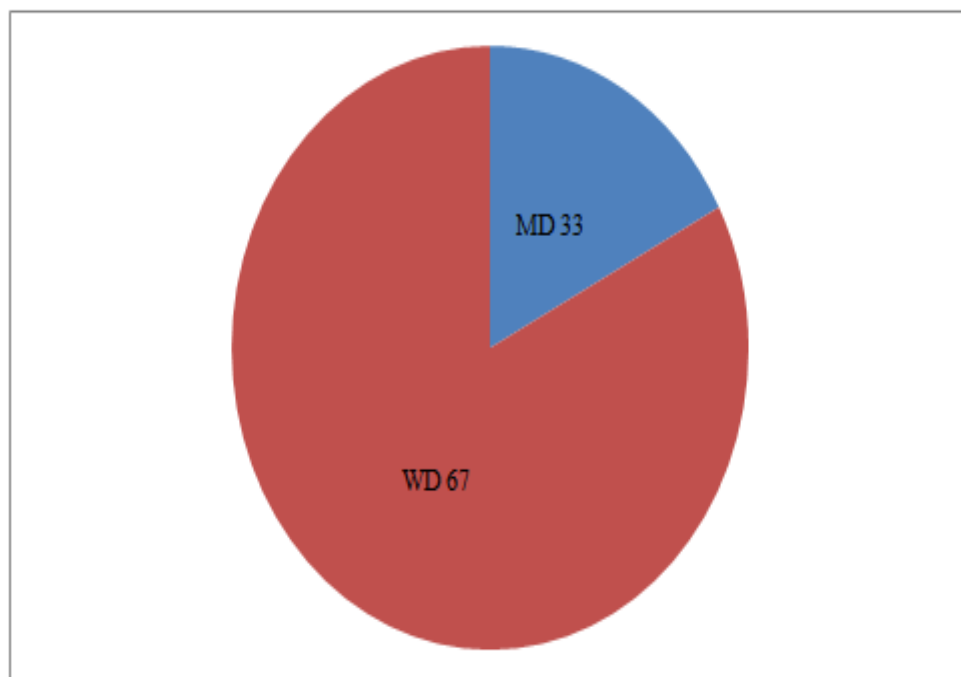


Table : 6 Anatomical Distribution Of Scc

Site	No. of Cases	Percentage
Foot	17	55%
Lower limb	11	35%
Head and neck	3	10%
Upper limb	-	-

CHART : 6

ANATOMICAL DISTRIBUTION OF SCC

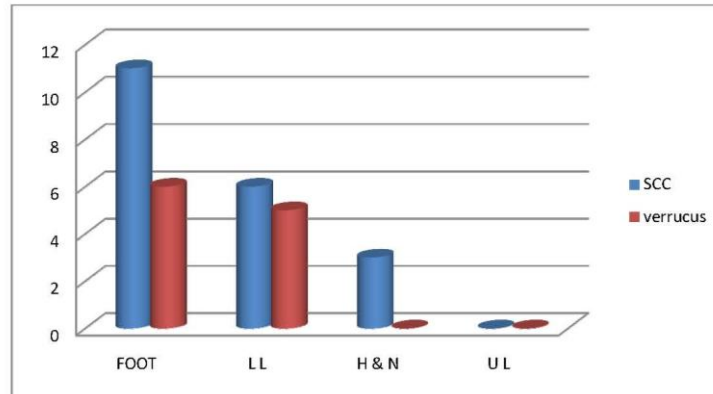


Table -7 Basal Cell Carcinoma

Sl.No	SEX	No of Cases Diagnosed
1	Male	3 (30%)
2	Female	7 (70%)

Chart – 7 Basal Cell Carcinoma

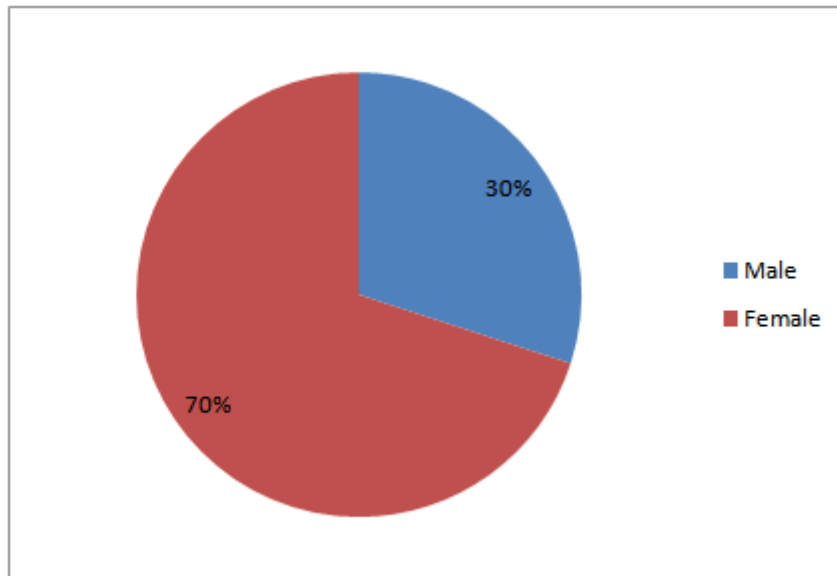


Table – 8 Age Distribution In Bcc

AGE	MALE	FEMALE
30- 40 years		1
41- 50 years		1
51- 60 years	1	1
61- 70 years	2	2
71- 80 years		2

Chart- 8 Age Distribution In Bcc

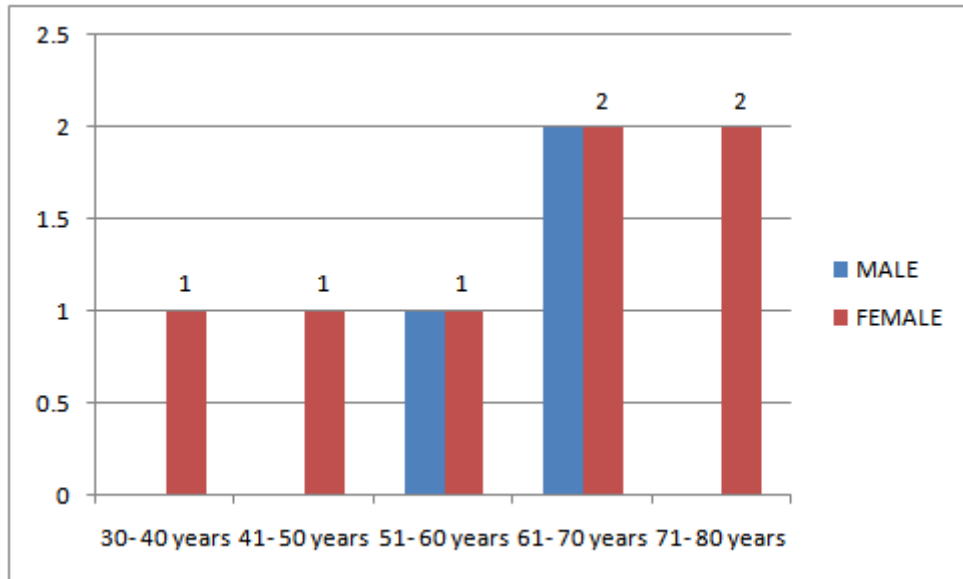
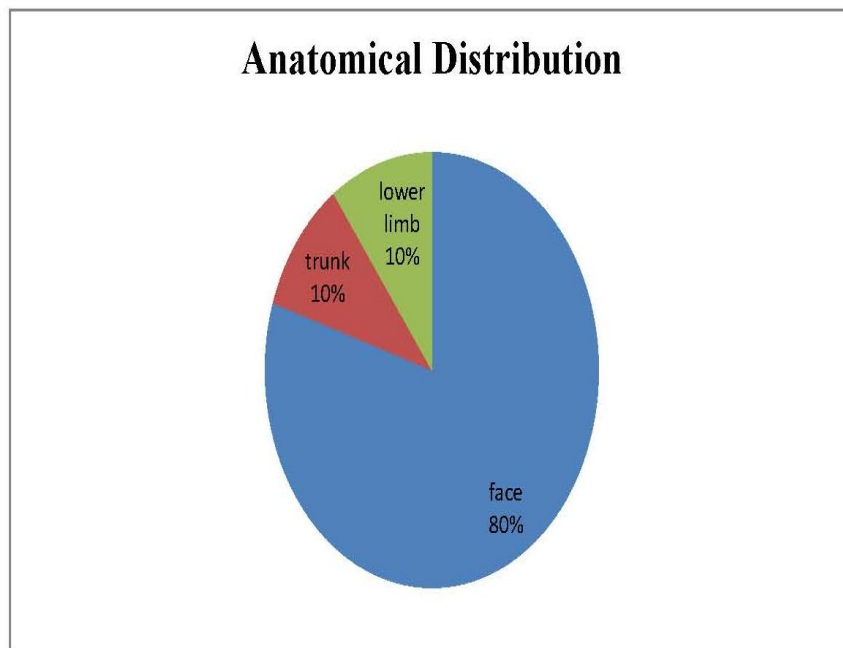


Table – 9

SL.NO	SITE	No. OF CASES
1	Face	8 (80%)
2	Lower Limb	1 (10%)
3	Trunk	1 (10%)

anatomical Distribution Of Bcc

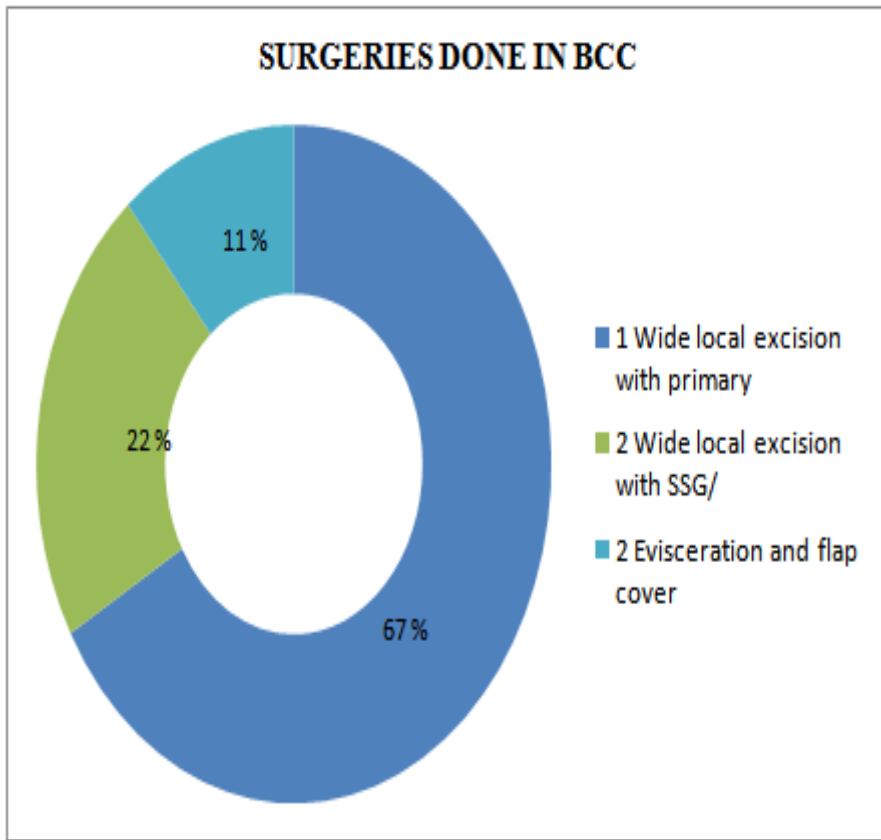
CHART - 9



Treatment Modalities Executed In BCC Table -10

S.NO	SURGERY	NO OF CASES
1	Wide local excision with primary closure	6
2	Wide local excision with SSG/ flap cover	2
2	Evisceration and flap cover	1

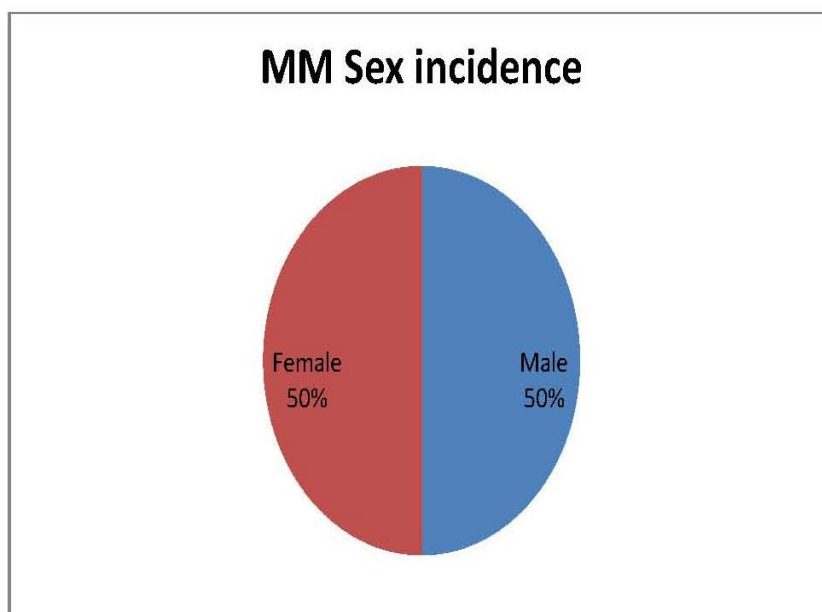
Chart -10 Malignant Melanoma (MM)



Four patients had diagnosed. 2 Male, 2 Female. **Table – 11**

Age in years	Male	Female
30- 40	2	0
41 – 50	0	1
51- 60	0	0
61 – 70	0	0
71-80	0	0

Chart– 11



IX. Discussion

In India even though skin malignancies are very low the incidence is increasing in trend. This is because of low socio economic status of people; most are manual labours, prolonged exposure to sunlight, smoking and use of tobacco products. The lesion occurs in age group of 4th to 6th decade. Males are more affected than females. Our study was compared with previous two studies done in Coimbatore. Chart Table 12, 13, 13A and 14.

Table 12

Types of malignancy	present study total cases 45	Study 1 Total cases 40	Study 2 Total cases 54
SCC	31 (69%)	18(45%)	33(61%)
BCC	10(22%)	12(30%)	10(19%)
MM	04(09%)	08(20%)	09(17%)
Others	0	02(05%)	02(03%)

Chart 12

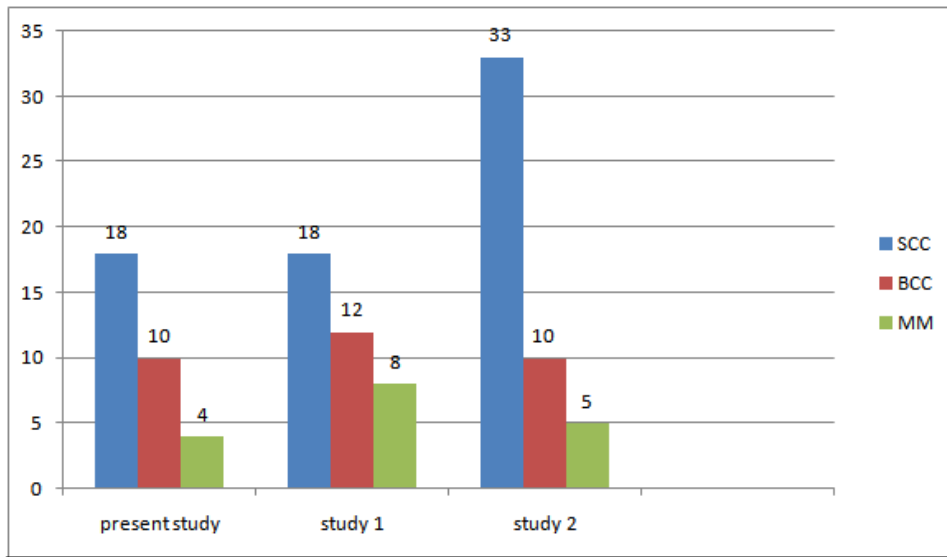
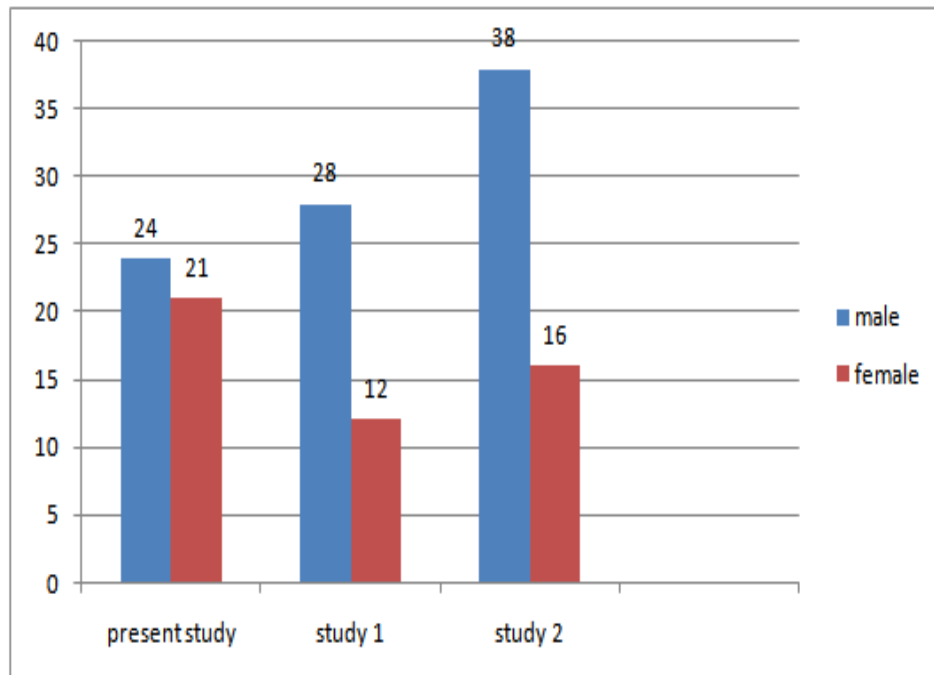


Chart 13



types	Present study		Study 1		Study 2	
	M	F	M	F	M	F
SCC	19	12	13	05	27	06
BCC	03	07	08	04	06	04
MM	02	02	06	02	05	04
OTHERS	00	00	01	01	00	02

Table 13a

Table 14

Observation	Study of Sv Deo et al	Present study
Incidence of skin cancers	2.4%(77/3154)	2.2%(45/2020)
Incidence of SCC	55.8%(43/77)	69%(31/45)
Incidence of BCC	18.1%(14/77)	22%(10/45)
Incidence of melanoma	26.1%(20/77)	09%(04/45)

X. Conclusion

1. Skin cancer is becoming more common among the Indians due to their excessive and prolonged exposure to UV rays of sunlight.
2. If diagnosed early stage it may be curable.
3. The best modality of the diagnosis is biopsy from the lesion.
4. By obtaining the proper history, clinical examination and strong suspect on each and every non-healing ulcers, changes in mole one can diagnose skin cancers early.
5. The best modality of treatment in our set up is surgery.
6. Prevention is better than cure. Avoiding unnecessary exposure to sunlight and other chemical carcinogens will prevent the skin cancer.

References

- [1]. AFIP Atlas of tumour pathology series 4. Non-Melanotic tumours of skin-Tumour and cysts of the epidermis.
- [2]. Pathologic Basis of Disease Robbins and Cotran 8th Ed ch 25.
- [3]. Rook's text book of Dermatology Vol3:ch:52 Non melanoma skin cancer and other epithelial tumours.
- [4]. Fitzpatrick's Dermatology in General Medicine 7th Ed vol12.ch:114SCC, Ch:115BCC.
- [5]. Bailey and Love's short practice of surgery 25th edition.
- [6]. Sabiston text book of surgery 18th Ed:ch:30 melanoma and cutaneous malignancies.
- [7]. Cancer Principles and Practice of oncology Devita Hellman and Rosenberg 9th Ed.ch:117.
- [8]. Cancer medicine Holland/Frei. Ch106 skin cancers.
- [9]. Schwartz's Principles of surgery 8th Ed:ch:15 Skin and cutaneous tumours.
- [10]. Surgical management of skin cancer. Experience from a regional cancer centre in north India.-S.V.Deo.et.al 2005/vol42/Issu3.Dept of surgical oncology.
- [11]. Non melanoma Skin Cancer Rate-A Worldwide problem May11,2012/Craig Elmetts MD/Dermatology geographic variation and skin cancer March14,2008/GEORGRE J Hruze MD/General medicine.
- [12]. Which treatment for BCC October26,2004/Keith J Marton MD/General medicine.
- [13]. Increasing Non Melanoma skin cancer under age 40. September27:2005/JeffsyS.DoverMD FRCPC/ Dermatology.
- [14]. Moh's micrographic surgery for non melanoma skin cancers, NelsonBR,Railan D Cohens.Department of dermatology, University of Texas at Houston USA Clinics in plastic surgery(1997,24(4):705-718
- [15]. Basal cell carcinoma Ad m I.Rubin et al.NEngJ. Med 2005:353:2262-2269,Nov242005
- [16]. Plastic and reconstructive surgery. Journal of the American society of Plastic Surgeon.Excision margins for non melanotic skin cancer July2003- volume 112-Issue 1.

Dr.V.Lekshmi Narayani ."Incidence And Outcome of Cutaneous Malignancies In Tertiary Care Hospital" IOSR Journal of Dental and Medical Sciences (IOSR-JDMS), vol. 17, no. 1, 2018, pp. 24-32