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*Cutaneous carcinoma in own investigations*

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Rak skóry w materiale własnym

Carcinoma of the skin is most often stepping out malignant neoplasm at white race people and it constitutes about 8–10% all cancers (1). Basic factor predisposing to beginning of dermatic neoplasm is ultraviolet radiation and in a lower degree ionising radiation as well as arsenic compounds and products of coal tar and chronic inflammatory processes (2, 4, 5). As regards the acting factor, location of malignant neoplasm refers to the exposed parts of the human body like head and neck. Danger of development of cancer increases with age. The statistical data suggest that 50% of all people over 65 years of age will fall ill from cutaneous cancer (1). Due to the decreasing layer of atmospherical ozone, we can observe an increased process of irradiating of the ground surface. This can be the reason, noted from several years, of high incidence of this type of neoplasm. According to Senn morbidity duplicates each 15 years. As precancerous states we can treat yellow parchment skin (*xeroderma pigmentosum*), cutaneous horn (*cornu cutaneum*), excessive keratosis (*keratosis senilis et solaris*), disease of Bowen and erythroplasia of Queyrath (3).

The most common type of skin neoplasm (about 80% of cases) is basal cell carcinoma (*ca basocellulare*). Usually it shows local malignancy, seldom it gives metastases to lymph nodes. The second group in respect of frequency of occurrence is determined by spinocellulare carcinomas (*ca spinocellulare*), which are completely treatable in early phase of development. The latter considerably often give metastases and can lead to death. The neoplasm of a very high degree of malignancy is malignant melanoma (*melanoma malignum*).

In carcinoma of the skin surgical treatment consists in the removal of cancer with margin of surrounding tissues. In case of extensive neoplasm, plastic surgery or transplantation of skin are performed. Occupation of lymph nodes is indication to lymphadenectomy. An alternative of surgical treatment is treatment with irradiation, however large postradiation reactions, long time of treatment and possibility of hard tissues damage cause only selected application (6, 7). In case of patients with very early stage of neoplasm the cryotherapy method can be useful.

## MATERIAL AND METHODS

Between 1997 and 1998 there were conducted 219 operations consisting in cutting out cutaneous changes. In the group of patients aged 14–87 of years (average 54.3), 131 women (approx. 60%) and 88 men (approx. 40%) underwent surgery. To the operation were classified patients with oncological or cosmetic indications and on the account of oncological prophylaxis. In case of little changes excisional biopsy was done and next specimens underwent histopathological examinations. In initial diagnostics, which preceded surgical treatment, in patients with large ulcerating changes specimens were subject to histopathological examinations. Next the “inprint” to cytological estimation was done. In the case of increase of lymph nodes thin–needle biopsy was performed.

## RESULTS AND DISCUSSION

On the ground of histological research from 219 obtained tissue fragments in 77 samples the cells with features of basal cell carcinoma were identified, and in 5 cases spinocellular carcinoma was noted. Furthermore, in 5 cases malignant melanoma was observed. Basal cell carcinomas constituted about 88.5% of all neoplasm and spinocellular carcinoma together with malignant melanoma – over 5.7%.

Analysing frequency of occurrences of each types of neoplasm in females and males we can ascertain that basal cell carcinomas were observed in our material a little more often in women than in men (1.3:1), while malignant melanoma and spinocellular carcinoma were noted more often in men (1.5:1).

Worth nothing is the fact that the quantity of operations executed in 1998 was greater than in 1997. Furthermore, the percentage of detected cutaneous carcinomas increased from 30% in the first year to 46.5% in the next year.

Among benign changes premalignant states determined considerable percentage. In these cases operations protected patients against cancer.

## CONCLUSIONS

1. Basal cell carcinoma is the prevailing type of neoplasm of the skin.
2. Surgical treatment of premalignant changes is conducted in prophylaxis of cutaneous cancer.
3. In the investigated material one can observe the fact that women more often make up their own mind to cut out cutaneous changes than men. (Is this an indication of greater care over external appearance, or greater consciousness of the possibility of the beginning of cutaneous neoplasm?).

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Otrz.: 1999.11.30

## STRESZCZENIE

W latach 1997–1998 wykonano 219 operacji, polegających na wycięciu zmian skórnych. Wśród operowanych pacjentów w wieku 14–87 lat (średnia 54,3) było 131 kobiet, tj. 60%, i 88 mężczyzn – 40%. Do zabiegu kwalifikowano chorych ze wskazań typowo onkologicznych, profilaktyki onkologicznej oraz ze wskazań kosmetycznych. W przypadku zmian małych wykonywano tzw. biopsję wycinającą z następowym badaniem histopatologicznym.

Z 219 uzyskanych fragmentów tkankowych w 77 zidentyfikowano na podstawie badania histopatologicznego komórki o cechach *carcinoma basocellulare*, w 5 przypadkach *ca spinocellulare*, i w 5 przypadkach *melanoma malignum*. Raki podstawnokomórkowe stanowiły 88,5% wszystkich zmian nowotworowych, a raki kolczystokomórkowe i czerniaki po 5,7%.

Analizując częstość występowania poszczególnych typów nowotworów u obu płci, możemy stwierdzić, że raki podstawnokomórkowe stwierdziliśmy w naszym materiale nieco częściej u kobiet niż u mężczyzn (1,3:1), natomiast czerniaki i raki kolczystokomórkowe przeważały u mężczyzn (1,5:1). Ciekawym spostrzeżeniem jest fakt, że liczba wykonanych w roku 1998 operacji była większa niż w roku 1997 oraz że odsetek wykrytych raków skóry wzrósł z 30% w roku pierwszym do 46,5% w roku drugim. Wśród zmian łagodnych znaczny odsetek stanowiły stany przednowotworowe, których operacyjne usunięcie zabezpieczyło pacjentów przed wystąpieniem raka.

