Case study
Mrs MA, 70 years of age, has a history of scalp psoriasis dating over 10 years. She explained that the rash was slowly progressing and had failed to respond to an array of topical treatments offered (Figure 1).
Within the right lateral aspect of the 12 x 14 cm lesion a thick nodule had recently developed. It looked like squamous cell carcinoma (SCC). Biopsy of the raised lesion confirmed SCC as did four other biopsies at the poles of the region of ‘psoriasis’. Removing all surface debris confirmed this was one confluent scalp tumour (Figure 2).
The large scalp SCC was excised with a 5 mm margin. During surgery there was an area of apparent involvement of galea. This layer was widely excised along with periosteum at that point. Histology confirmed complete excision. There was no other point at which deep levels were involved. Periosteum was not involved.
The large defect was closed with a partial thickness skin graft (Figure 3) harvested from the right anterior thigh (Figure 4).

Summary of important points
• If a skin condition does not respond to management as expected, biopsy the region rather than continue with the unsuccessful treatment. An unexpected malignancy may be identified.
• Partial thickness skin grafts are generally reserved for the largest of defects where other closures can be problematic. These grafts are invariably unsightly and lack the character of normal skin.

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High risk SCCs

Some cutaneous SCCs are recognised as at increased risk of developing metastatic disease. Most metastases occur within 2 years and 95% have occurred within 5 years. Surgery and adjuvant radiotherapy provide the best chance of achieving locoregional control. Risk factors for metastases from cutaneous SCC are:

- recurrence
- large tumours (>2 cm)
- perineural involvement
- poorly differentiated tumours
- tumours infiltrating well or beyond the dermis
- renal (and other) transplant patients
- immunosuppressed patients
- tumours located on ear, lip, eyelid or sites that get no light.

Radiotherapy is problematic in this situation, as split grafts do not tolerate radiation as well as full thickness skin. Chronic poor healing can result.

Patients with large tumours on the head can benefit from the collective experience and opinions of skin surgeons, radiation oncologists, ENT surgeons and medical oncologists.

Conflict of interest: none declared.

References