Disclaimer

Skin Tumours of the Head and Neck

Andrew D. Crocker

Types

- Benign
- Malignant

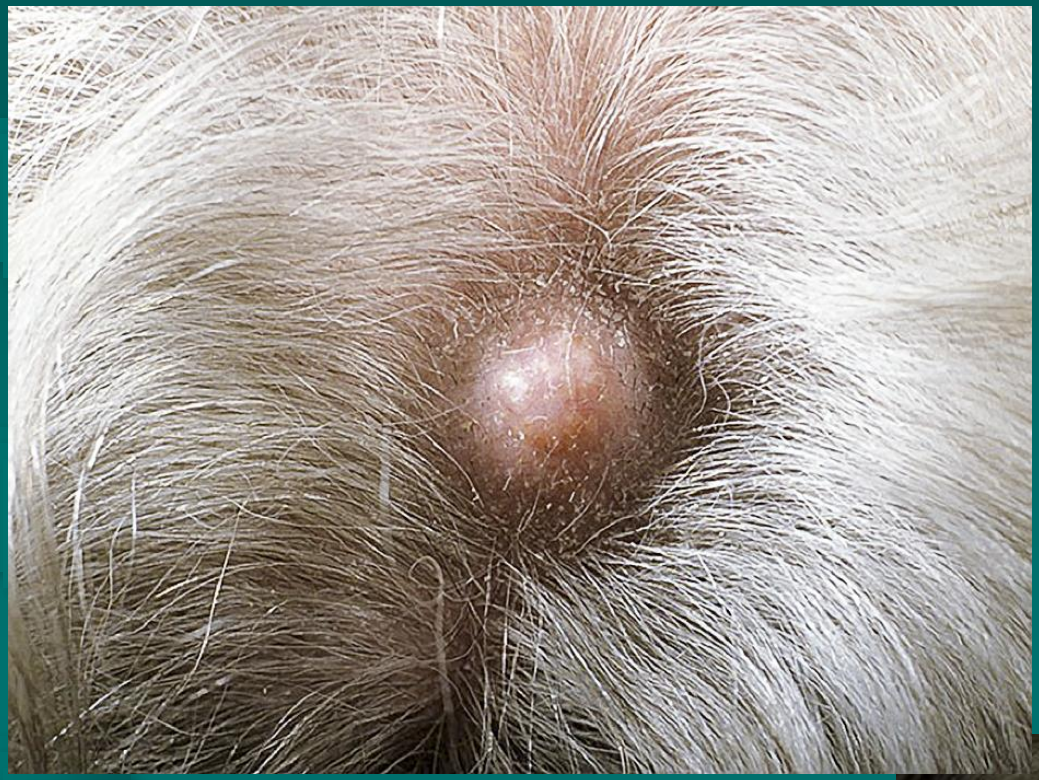
Malignant

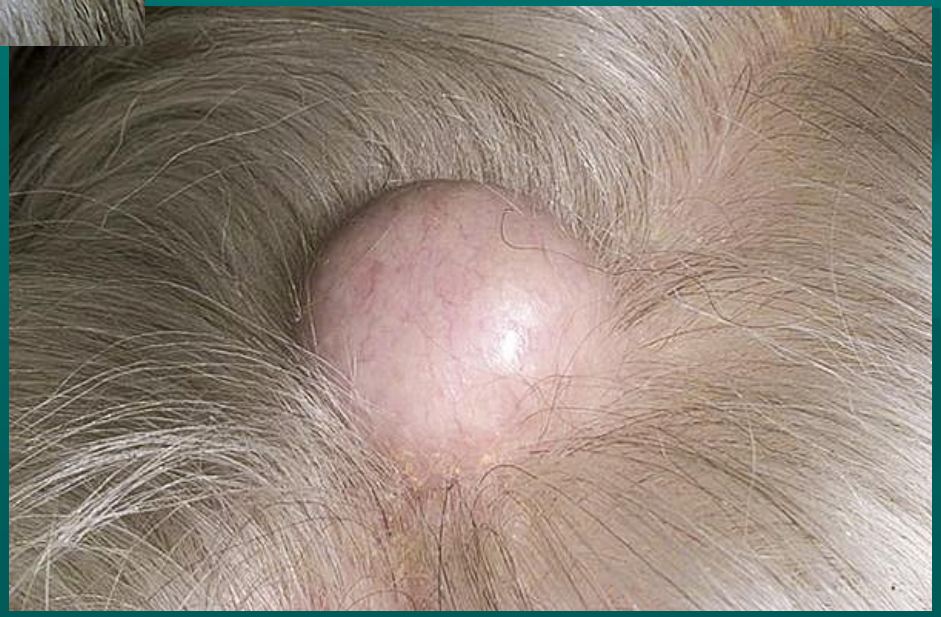
- carcinoma – malignancy of epithelium
- sarcoma – malignancy of mesenchyme

Benign

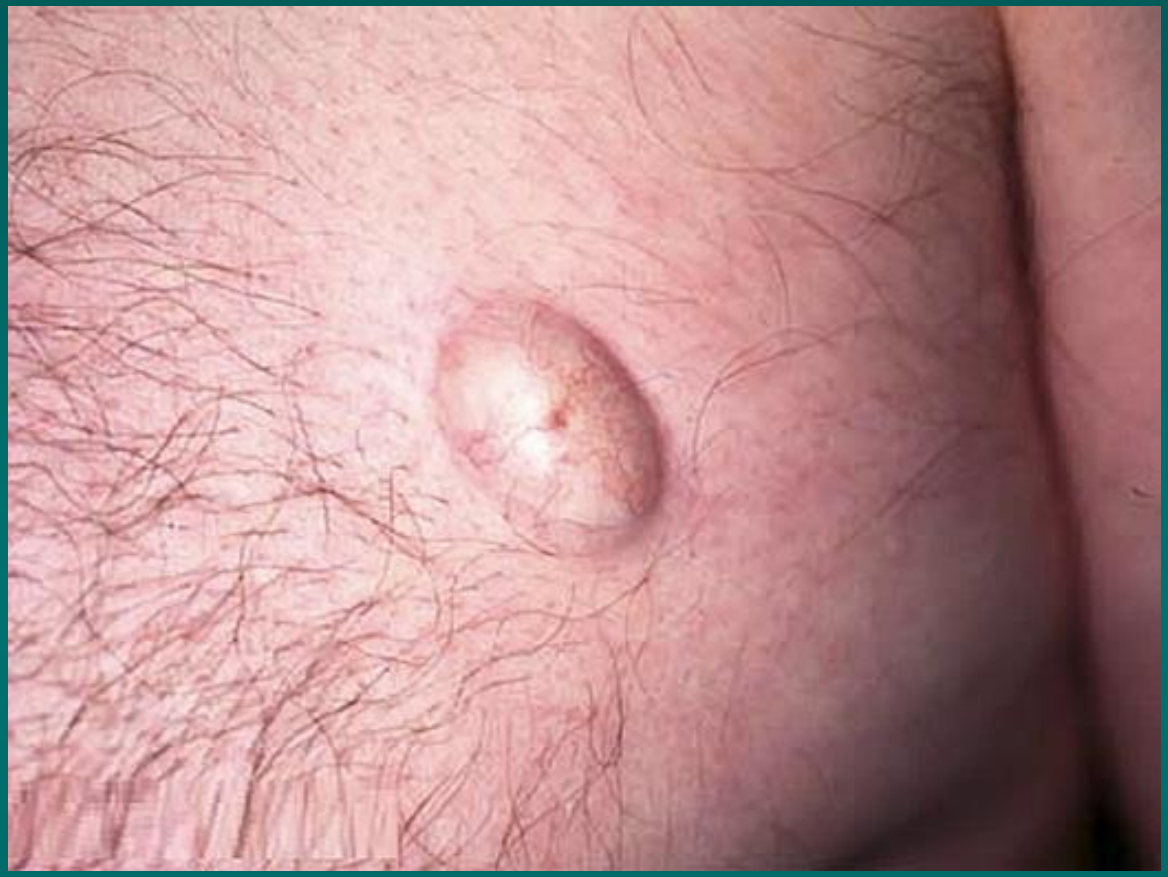
Cysts

- **epidermal**
- **pilar (trichilemmal)**





pilar cyst

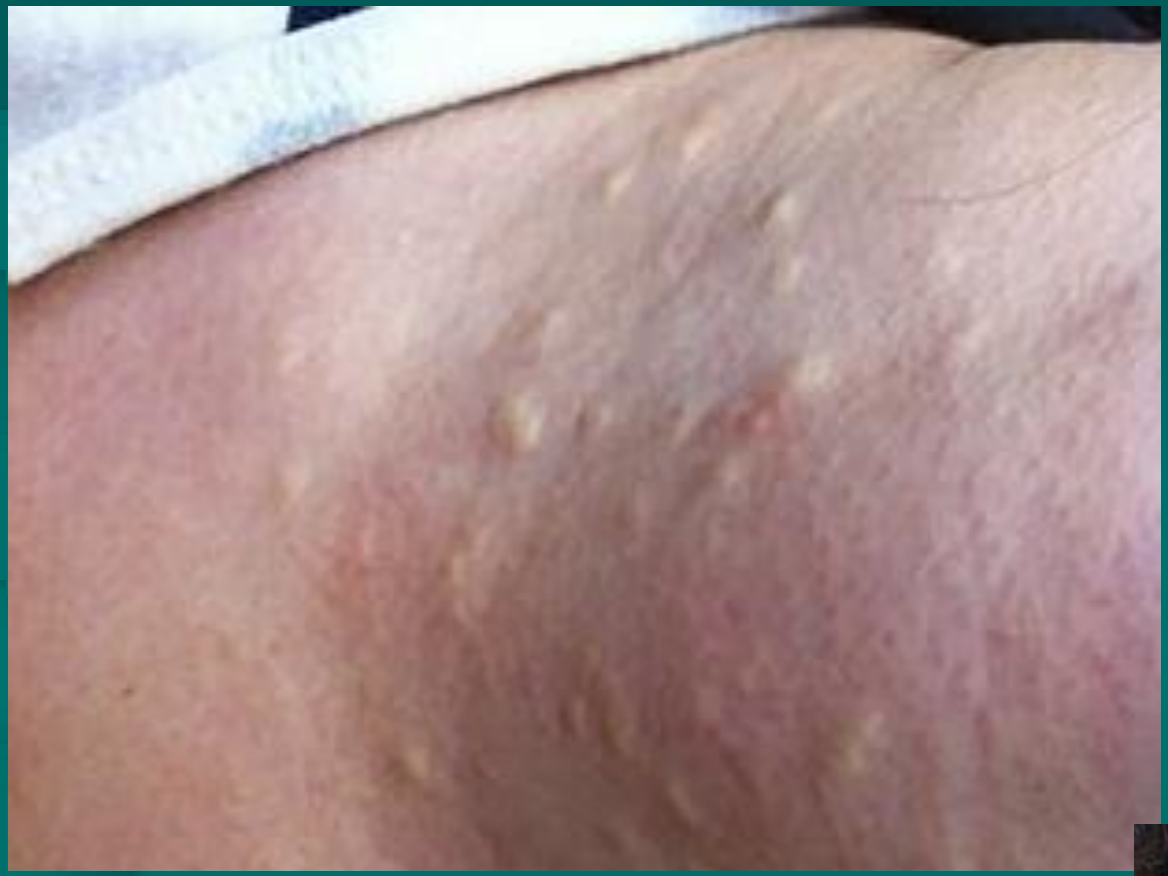


Epidermoid cyst

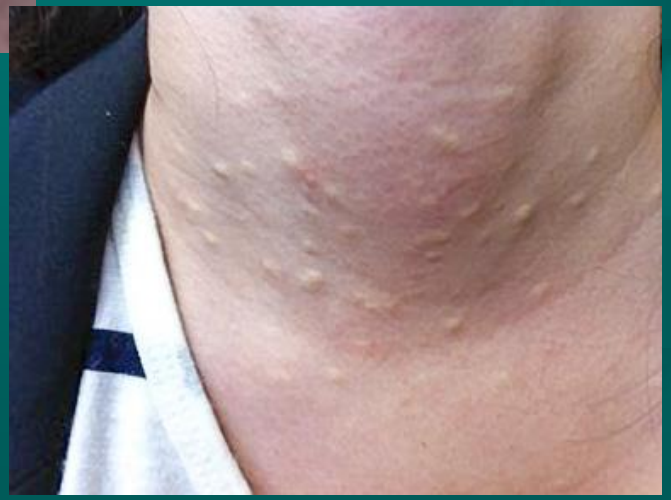
Cysts

sebaceous (true)

- **steatocystoma**
- **chalazion**

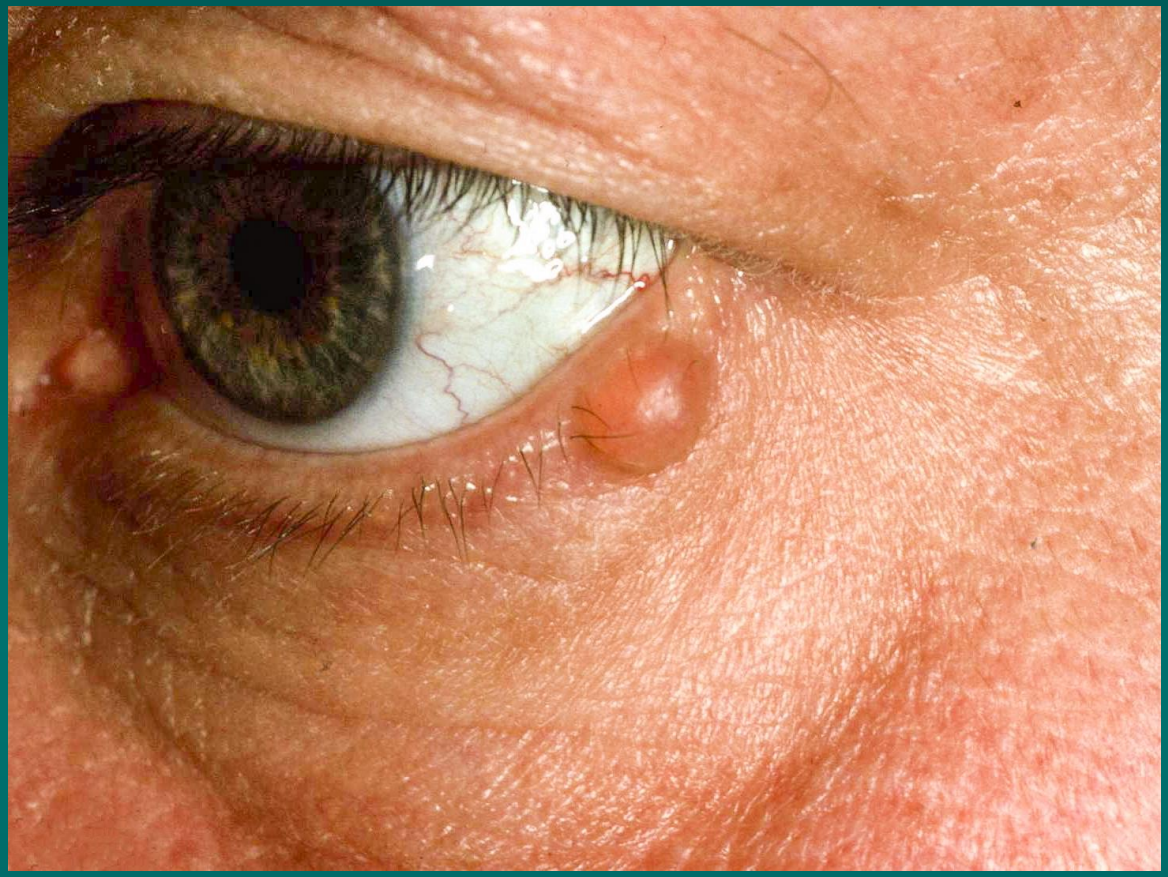


steatocystoma multiplex

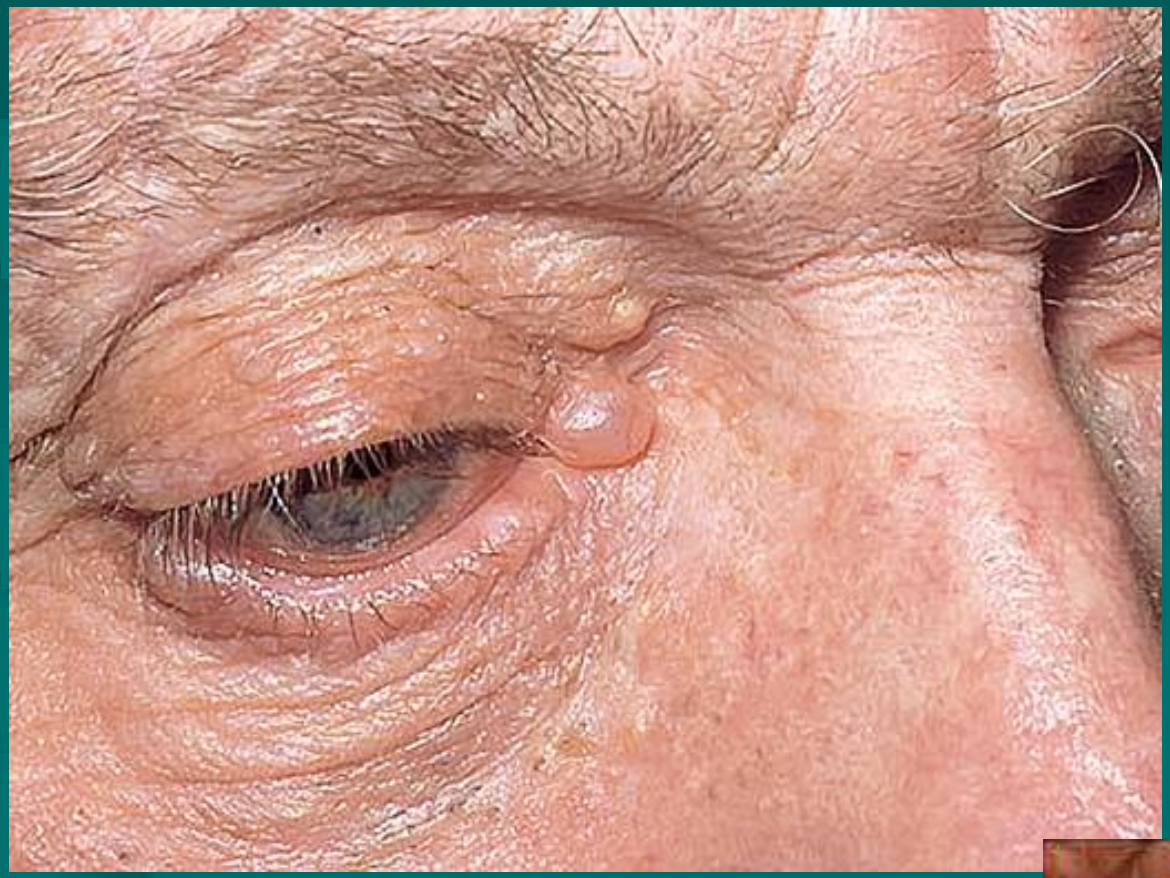


Cyst

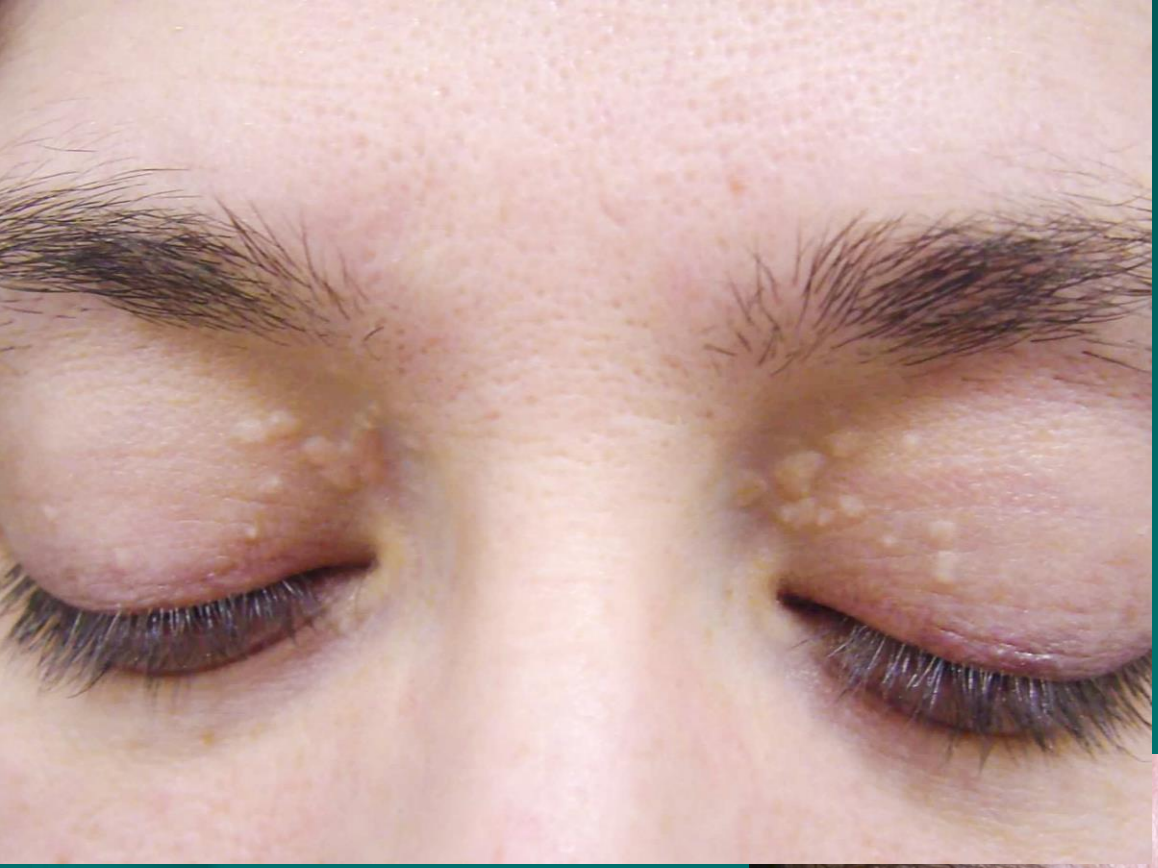
- sudoriferous
  - hydrocystoma or cystadenoma

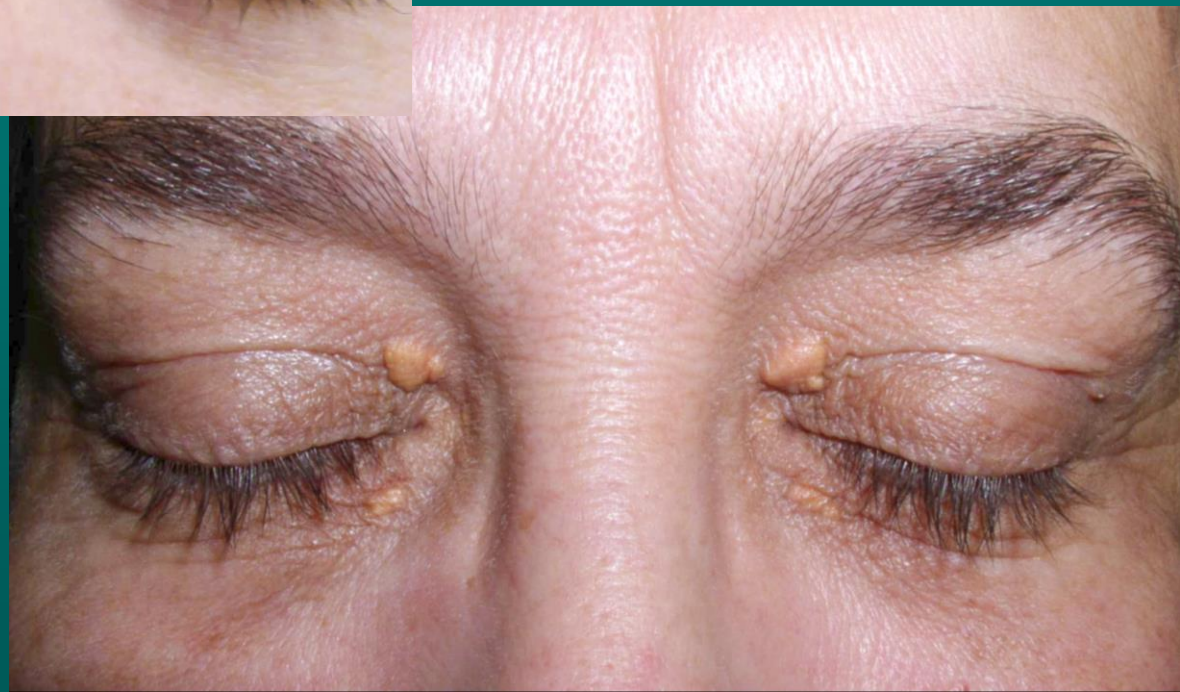


Hydrocystoma



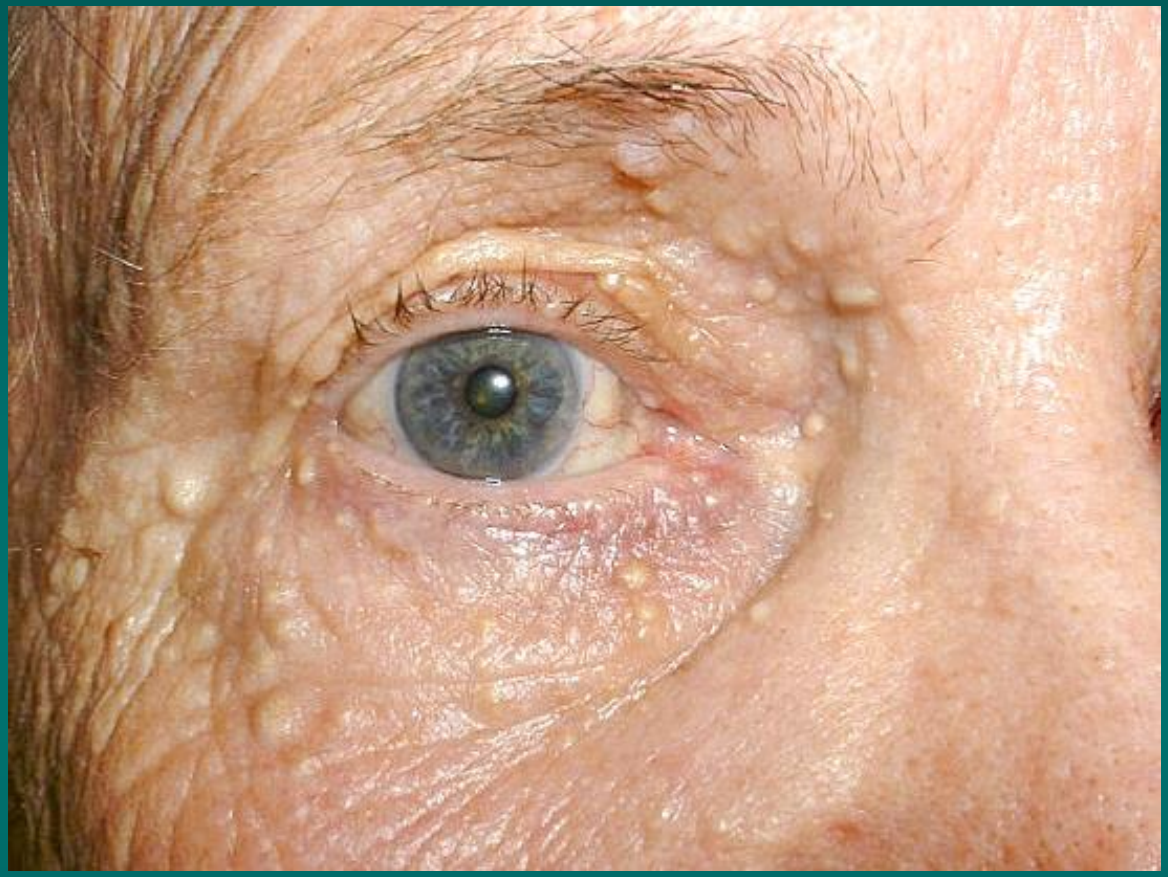
Hydrocystoma





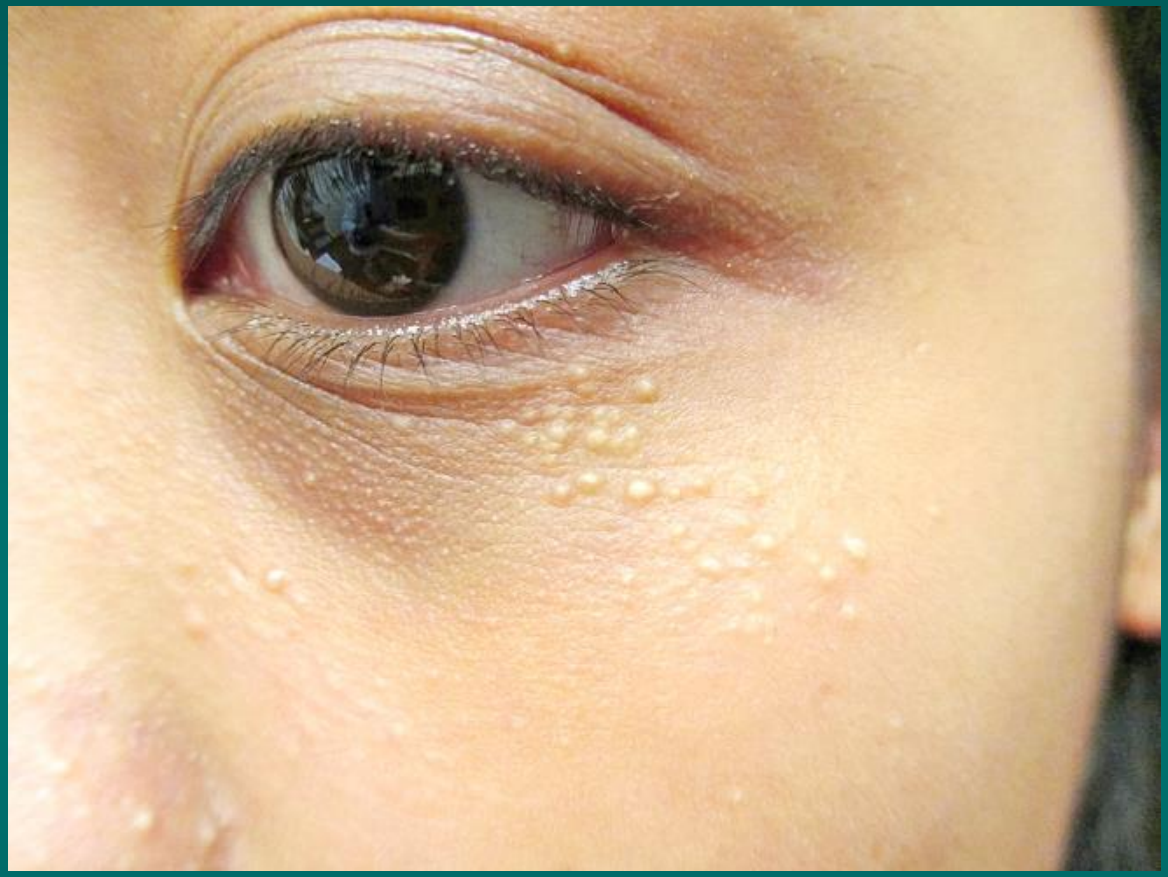
Xanthelasma

Syringoma



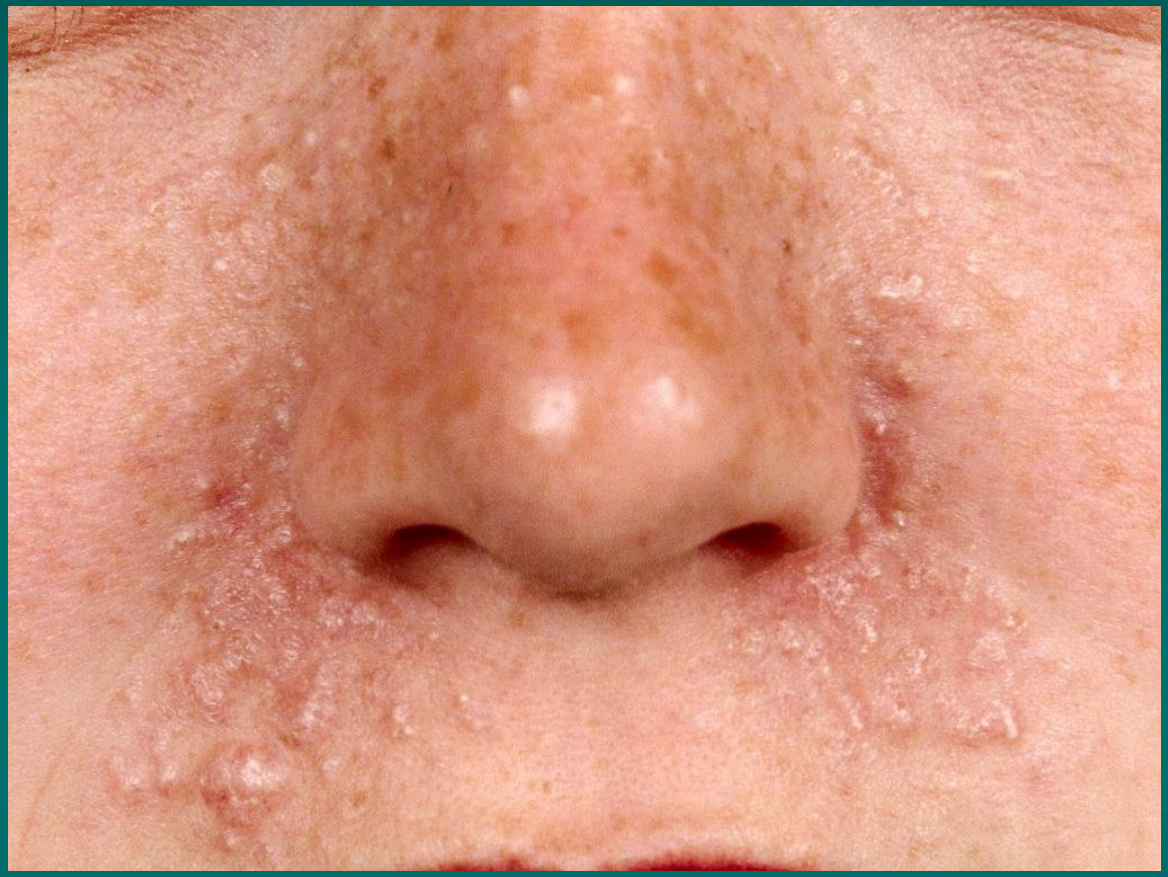
Syringoma

Milia



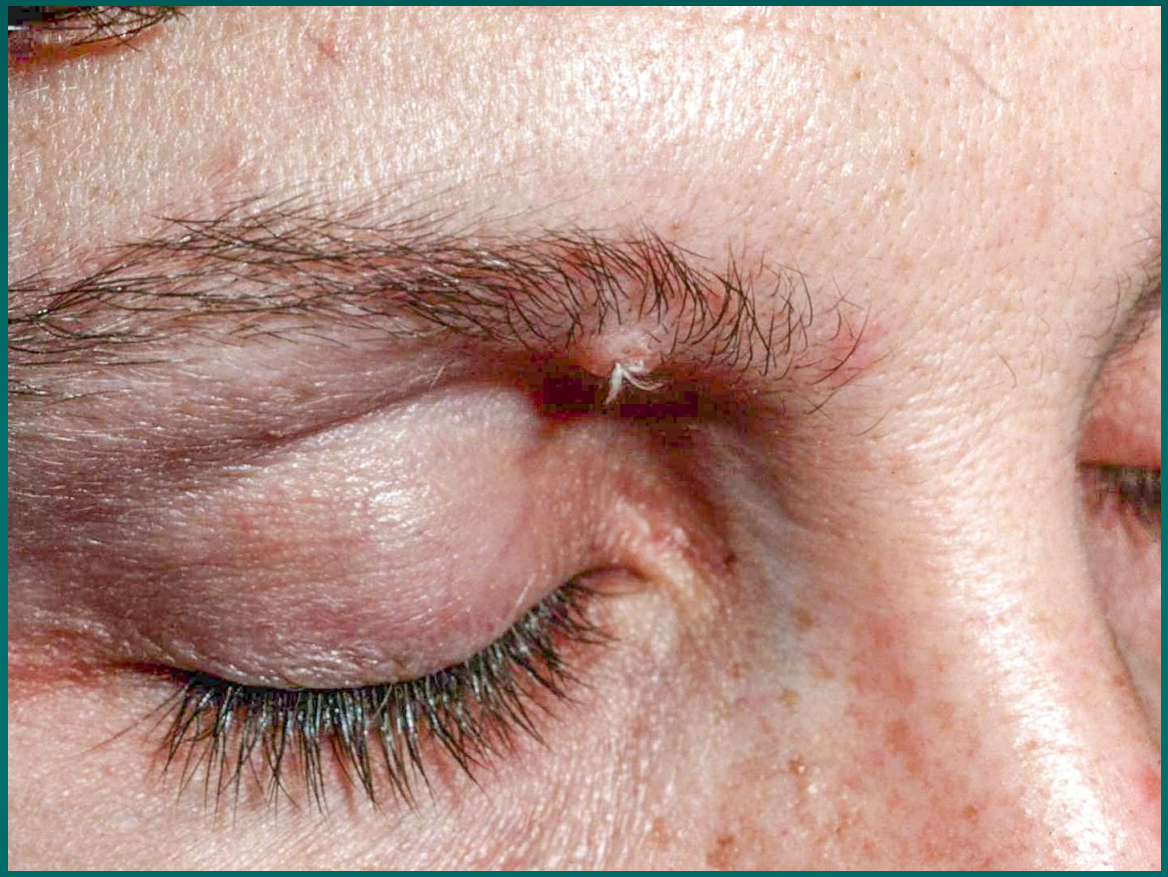
Milia

Trichoepithelioma

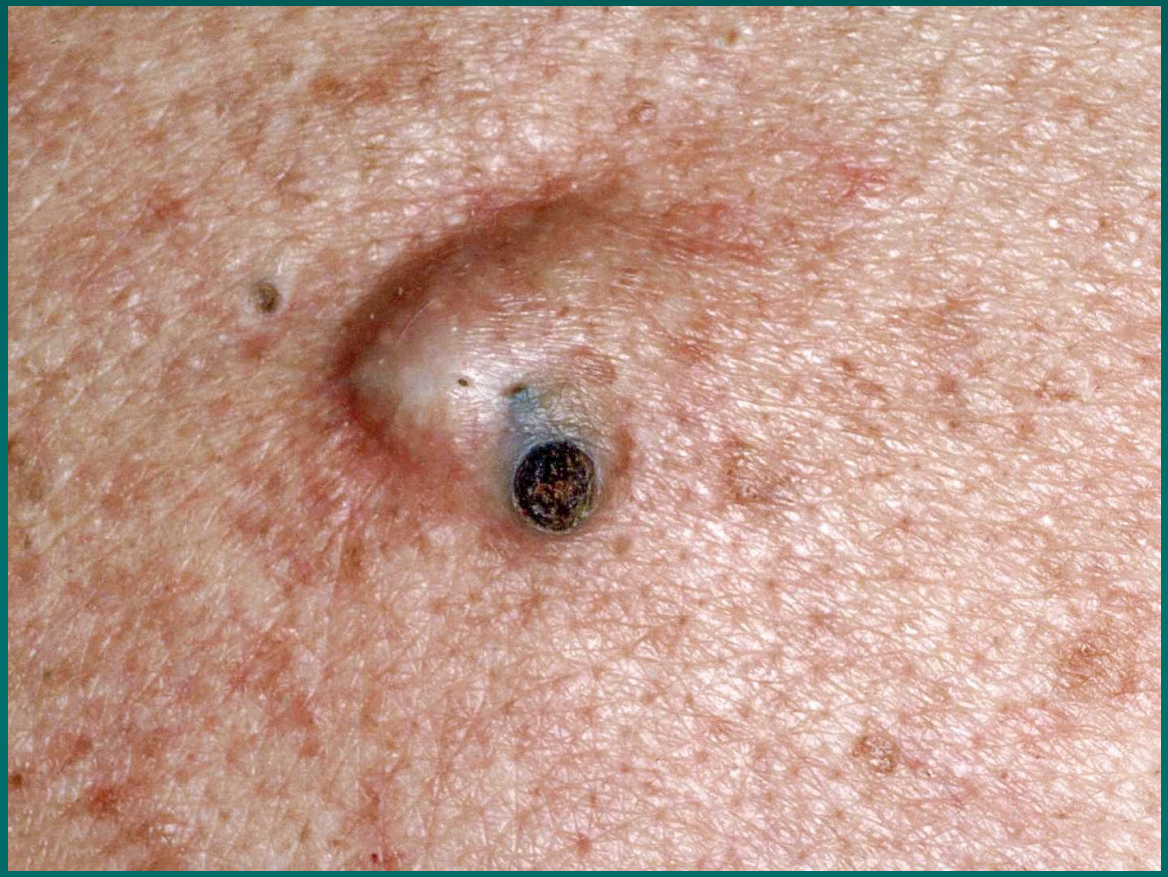


Trichoepithelioma

Trichfolliculoma
Pore of Winer



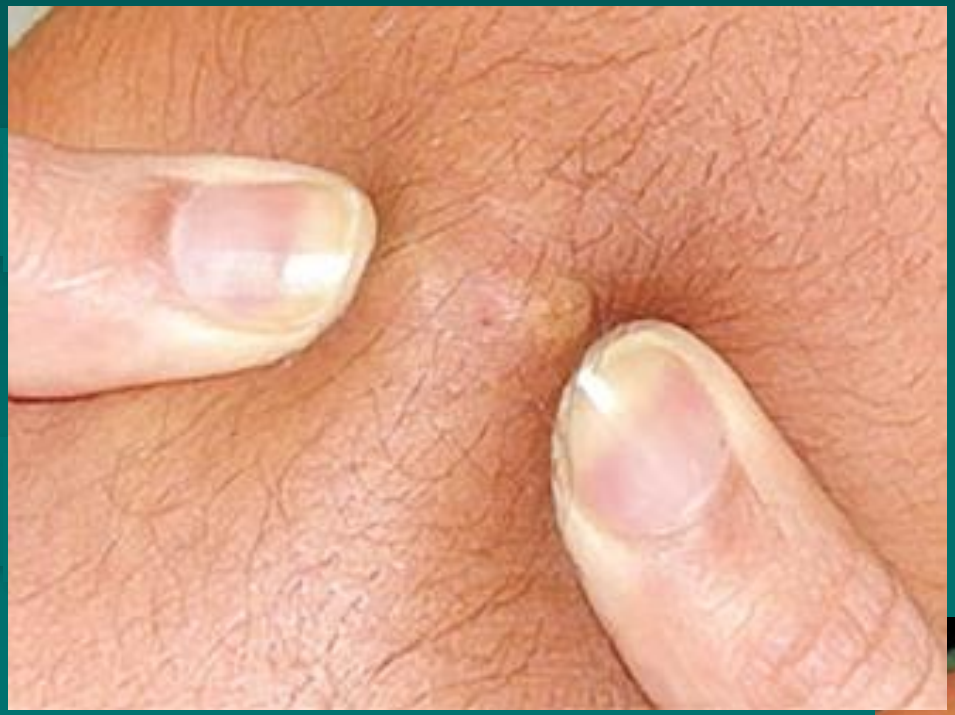
Trichfolliculoma



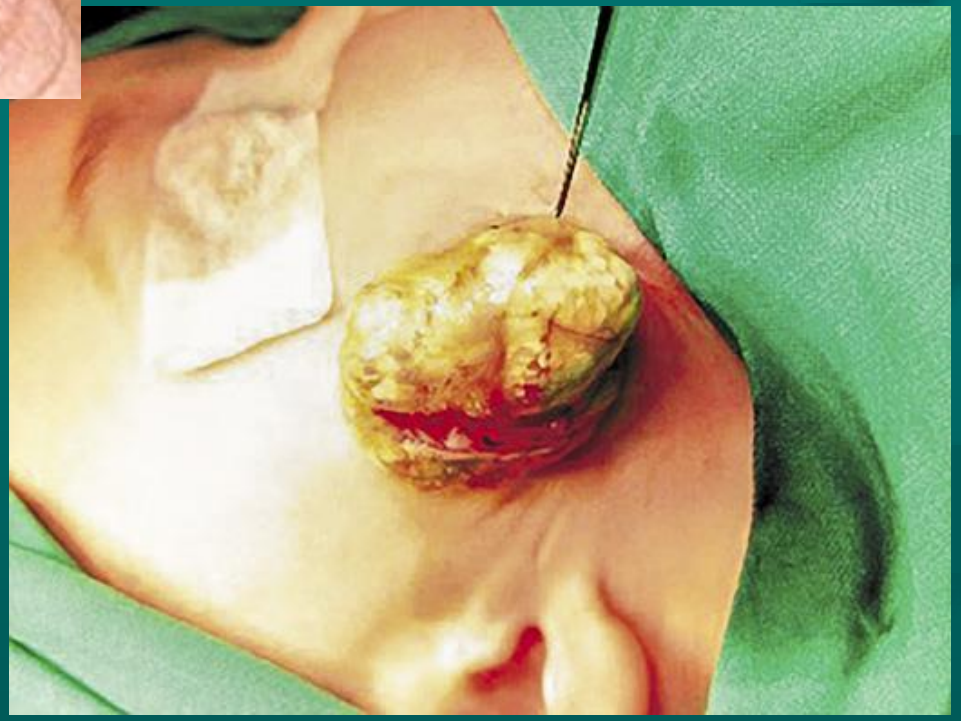
Pore of Winer

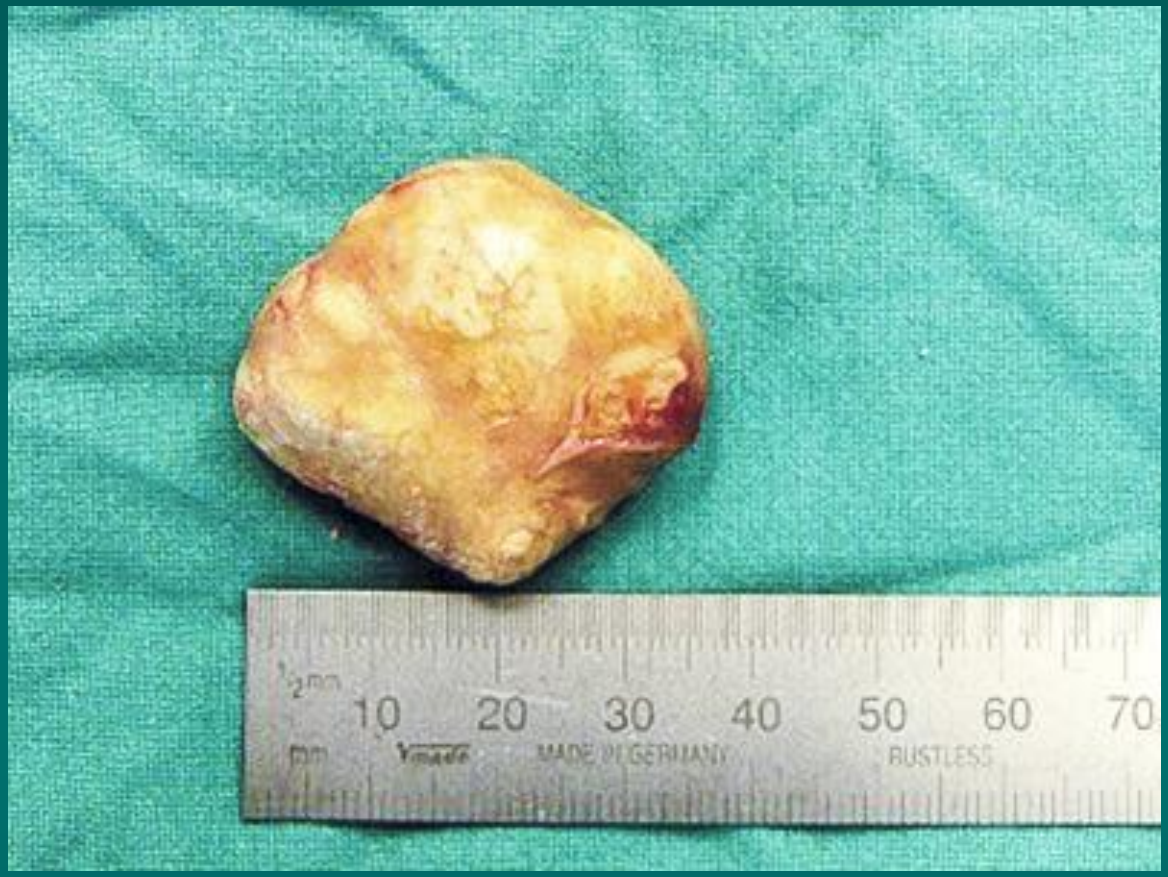
Pilomatricoma

(calcifying epithelioma of Malherbe)



Pilomatricoma

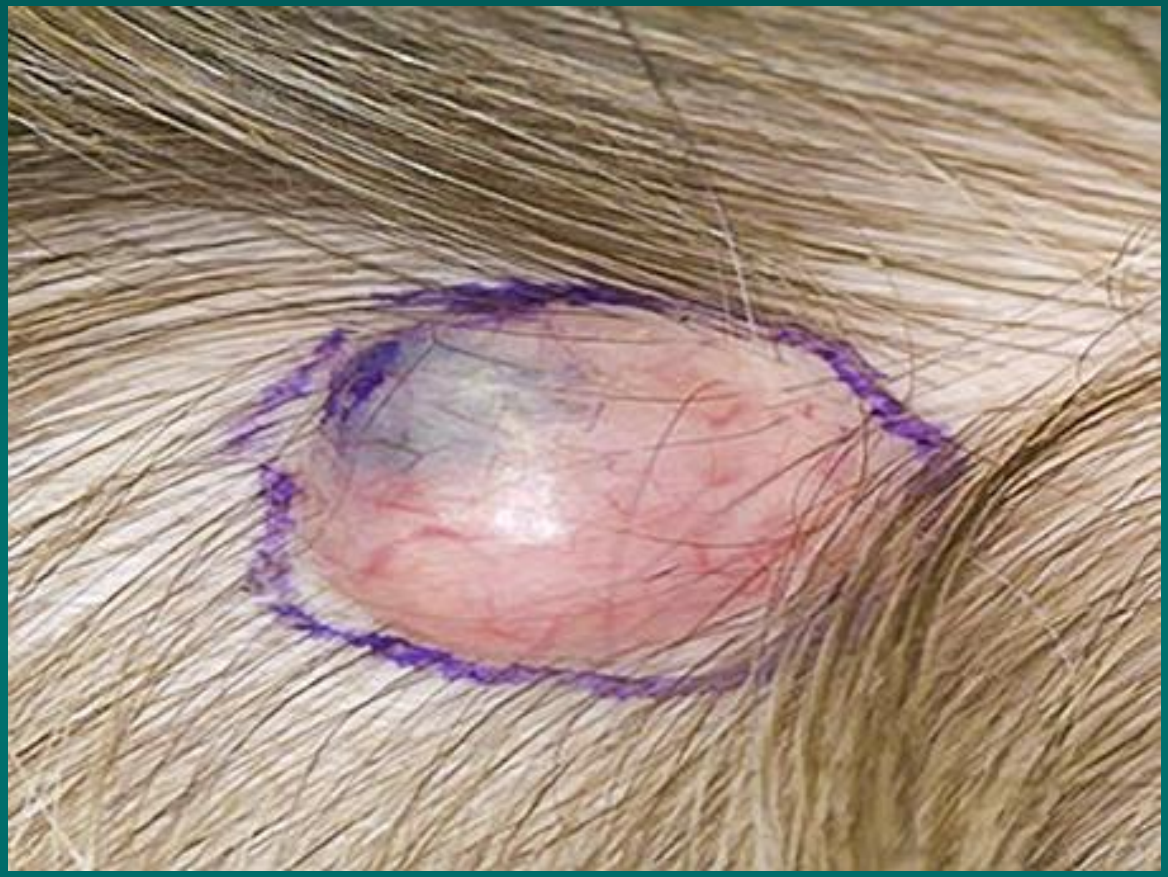




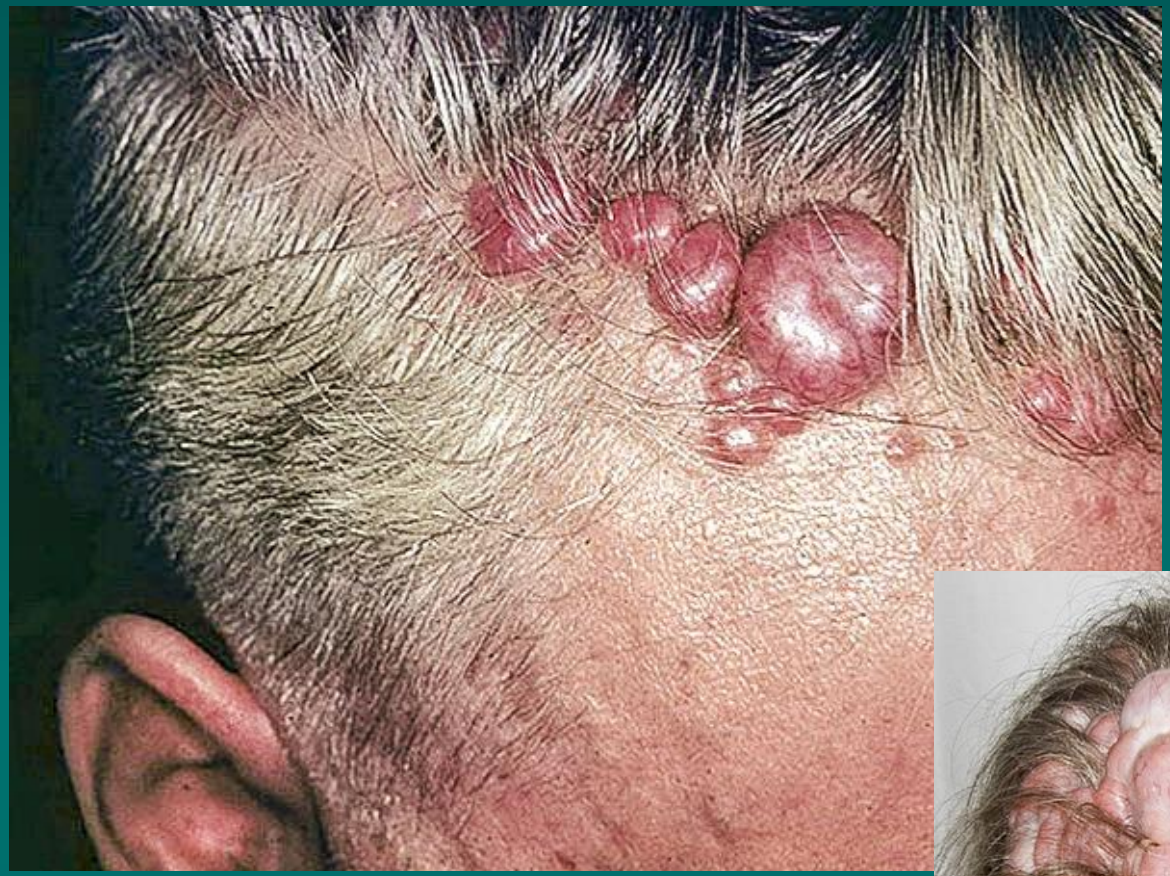
Pilomatricoma excision

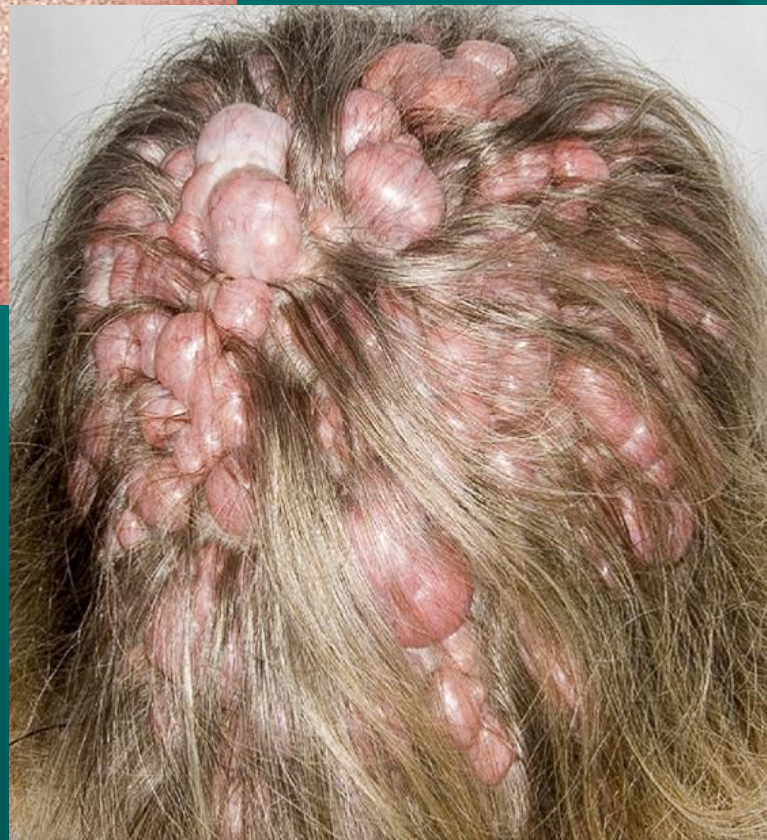
Cylindroma

(turban tumour)



Cylindroma (turban tumour)

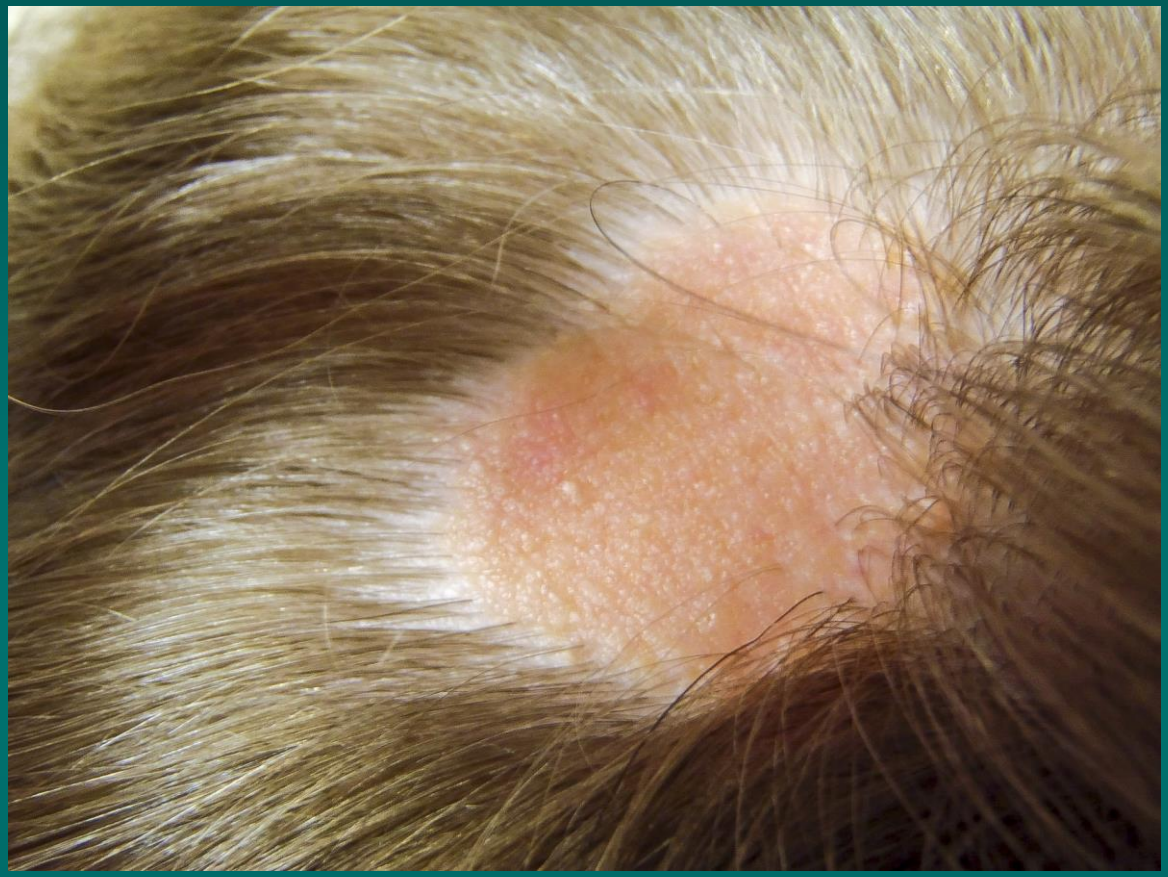




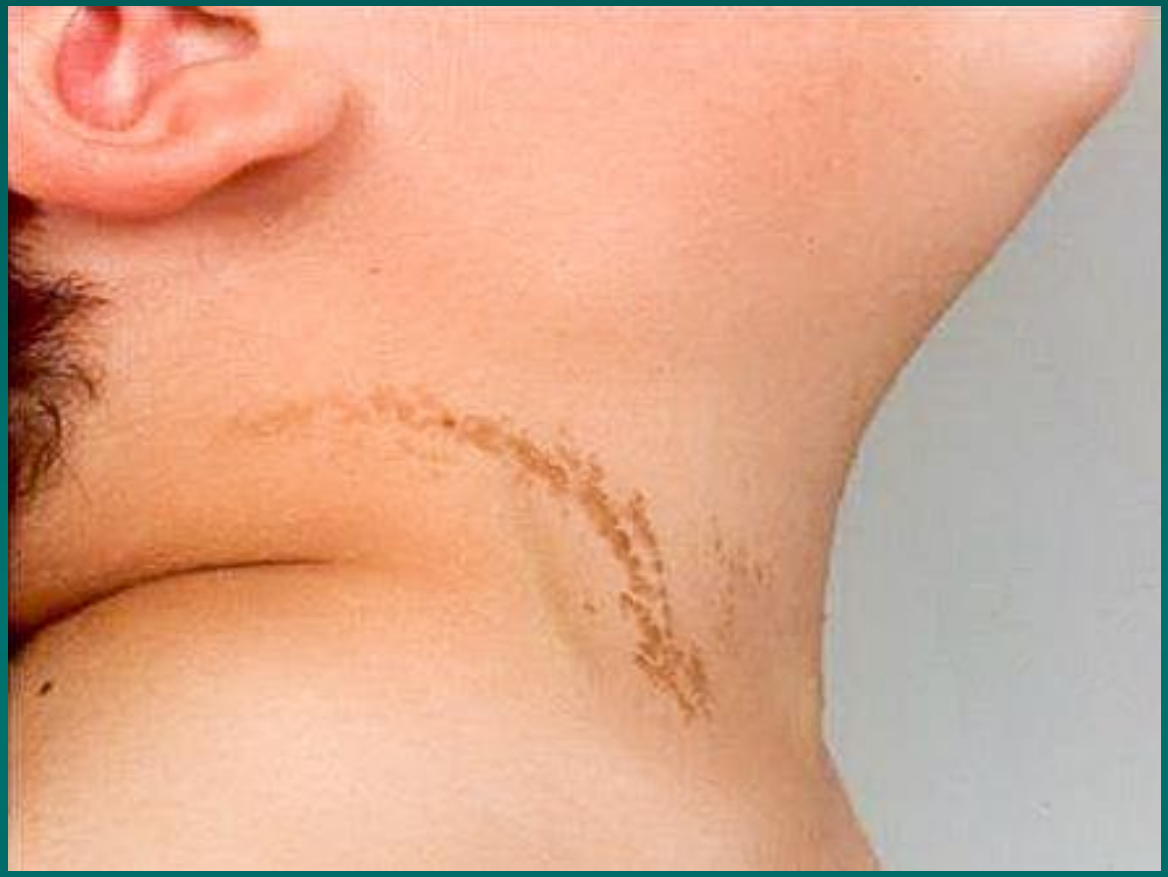
Cylindroma (turban tumour)

Sebaceous Naevus of Jadassohn

(Organoid nevus)



sebaceous naevus of Jadassohn



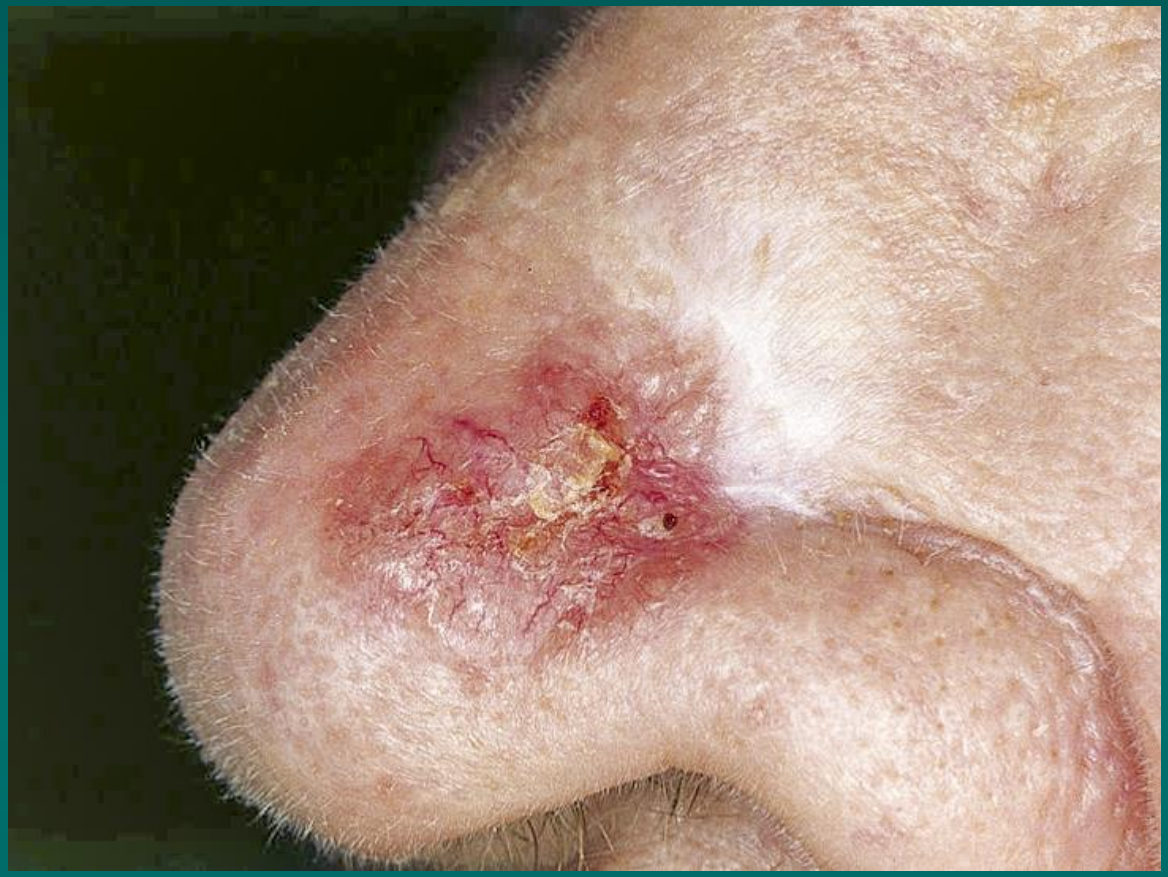
linear naevus of Jadassohn

Basal cell carcinoma

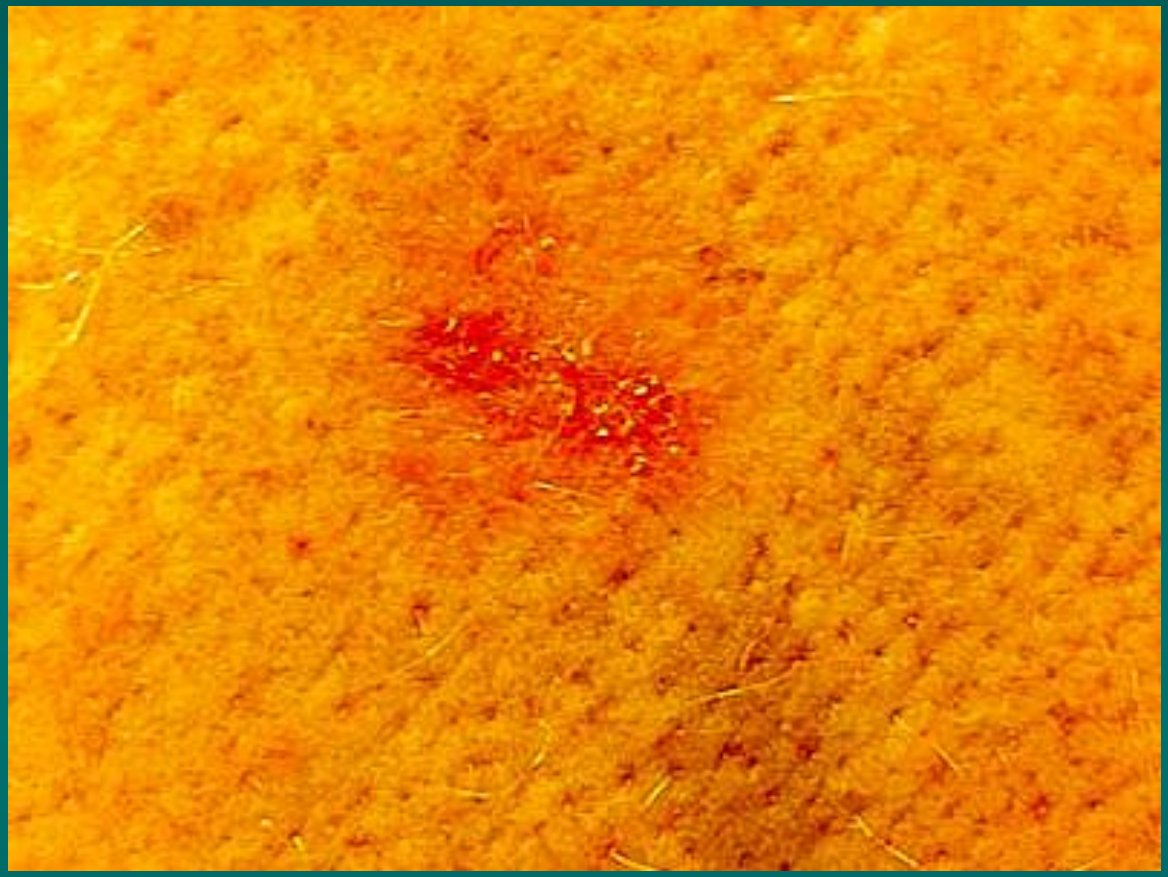
A tumour of the keratinizing cells of the basal layer of the epidermis and outer root sheath of the hair follicle.

Basal cell carcinoma

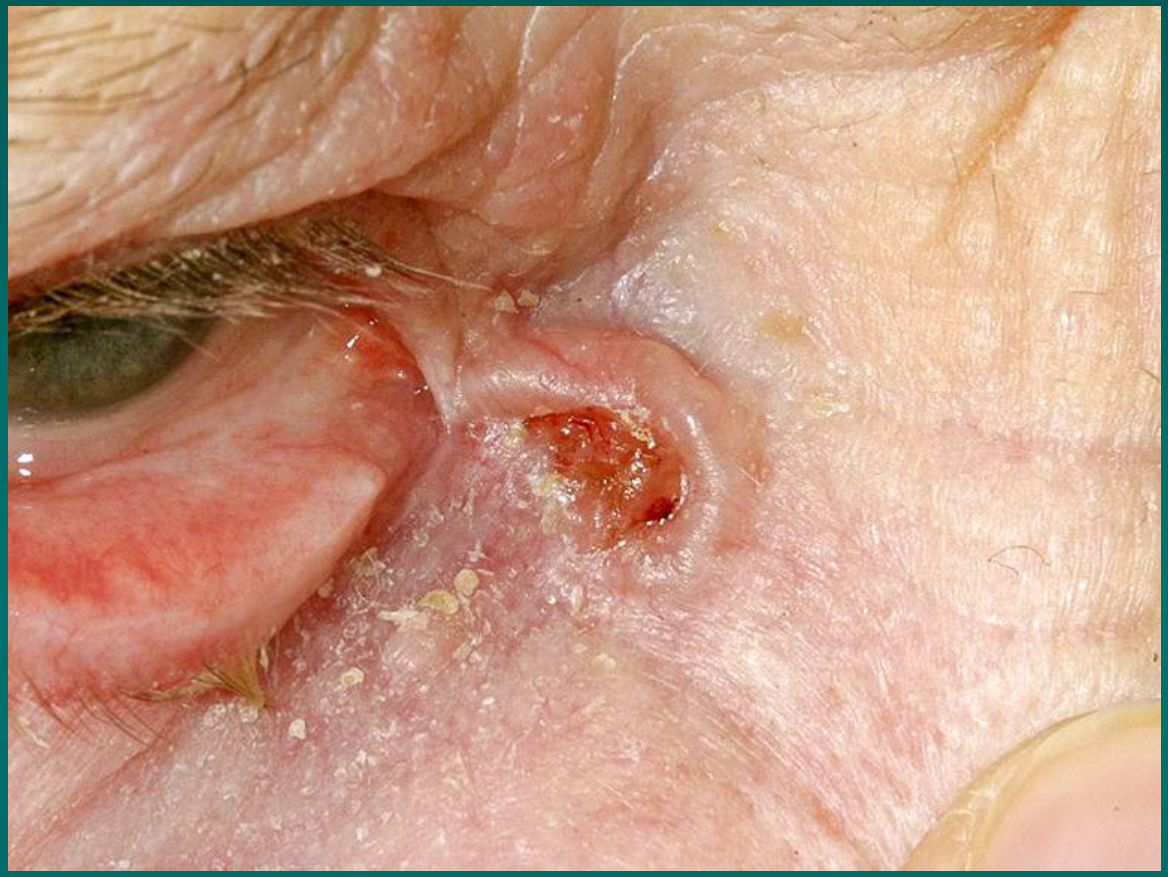
- in hair-bearing areas
- younger patients
- >75% of skin cancers
- nodular on head and neck



Nodular basal cell carcinoma



Superficial BCC



Morphoeic BCC

Basal cell carcinoma

Royal College of Pathologists:
Dataset for BCC reporting

Low-risk growth pattern:

A. **superficial multicentric, multifocal**
B. **nodular**
C. **fibroepithelial BCC of Pinkus**

High-risk growth pattern:

A. **Infiltrating, sclerosing, morphoeic**
B. **micronodular**

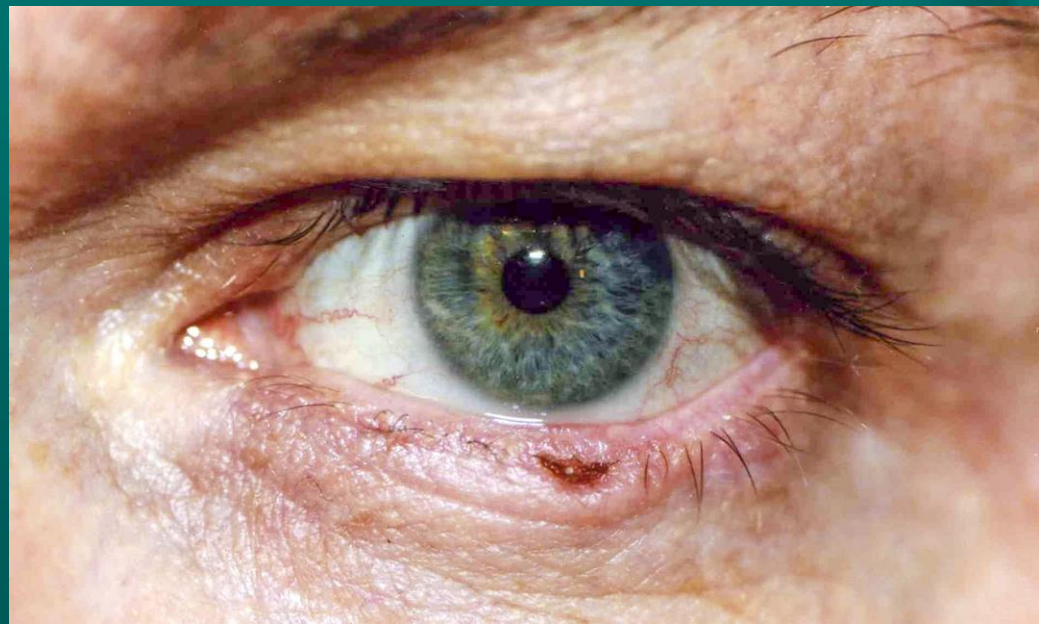
A or B = infiltrative BCC

BCC/SCC/Adnexal Ca

- T_1 ≤ 2 cm and < 2 high-risk features
- T_2 > 2 cm, or ≥ 2 high-risk features
- T_3 invades maxilla mandible orbit temple
- T_4 invades axial / appendicular skeleton or skull or surrounds a nerve (perineural)

BCC/SCC Eyelid

- T_1 ≤ 5 mm
- T_{2A} > 5 mm, but ≤ 10 mm
- T_{2B} > 10 mm, but ≤ 20 mm
- T_3 > 20 mm
- T_4 invasive



BCC Aetiology

UV radiation causes a mutation of SMOH and PTCH1 gene products that interrupts the Sonic Hedgehog pathway.

BCC Aetiology

- Xeroderma pigmentosa
- Gorlin's Syndrome
- Metastasis 0.0028% – 0.1%

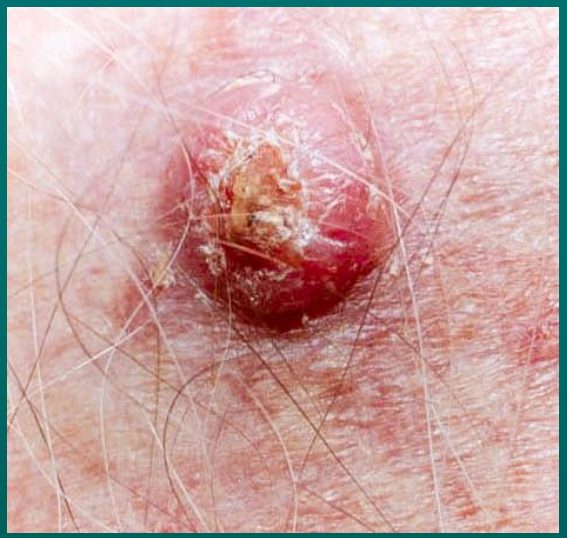
BCC Margins

- clinically favourable:
  2–3 mm macro,
  0.5 mm micro
- clinically unfavourable:
  3 mm micro

SCC

arise from the spindle (kertatinising cells)

- **actinic keratosis**
- **SCC in situ**
- **SCC**



SCC/Adnexal Ca

High-risk features:

- **depth > 2 mm**
- **Clark's IV or more**
- **perineural**

Location:

- **ear**
- **lip**

Differentiation: poor

SCC unfavourable factors

- anatomical site
- non-UV cause
- lymphatic infiltration
- spindle cell type
- immuno-suppression
- size > 2 cm

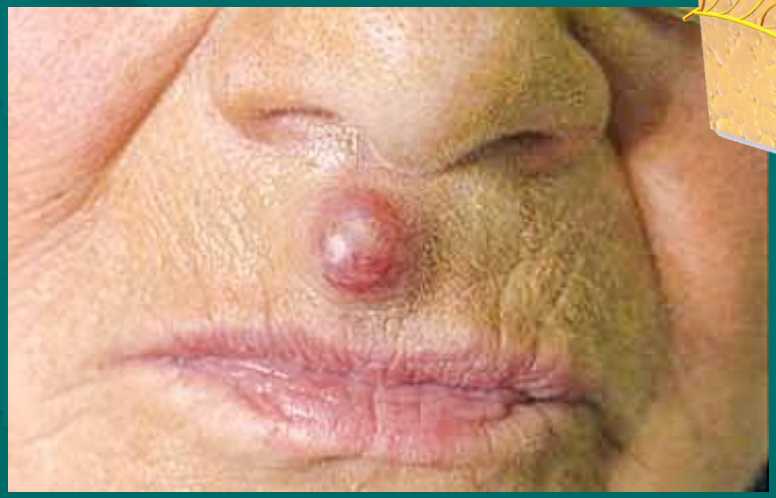
SCC

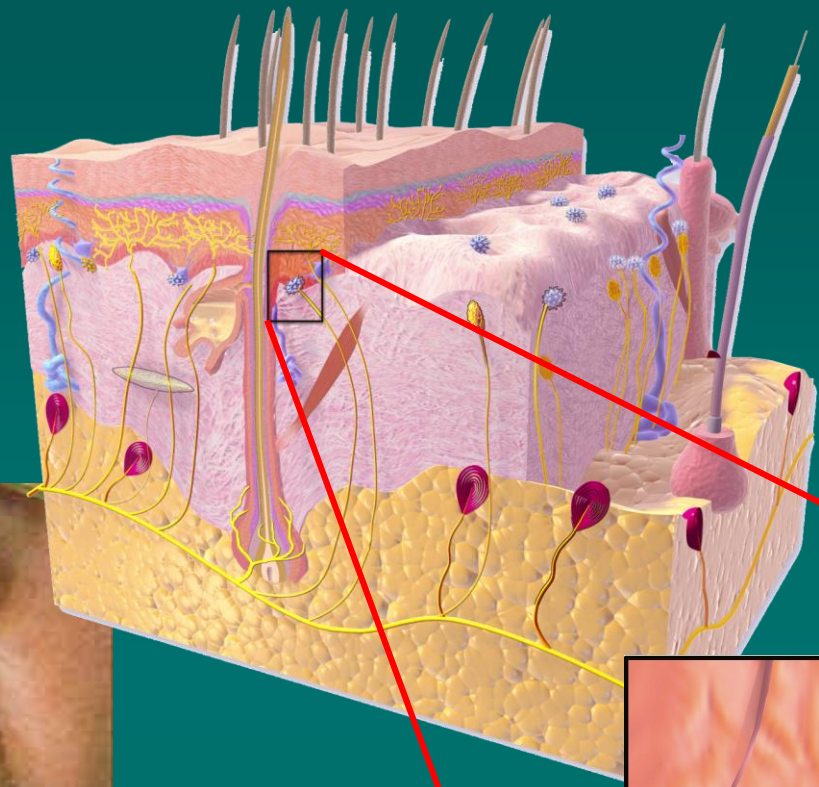
- Margin 4 mm
- Metastasis < 5%
- (after Metastasis 5 y.s. 25% – 40%)

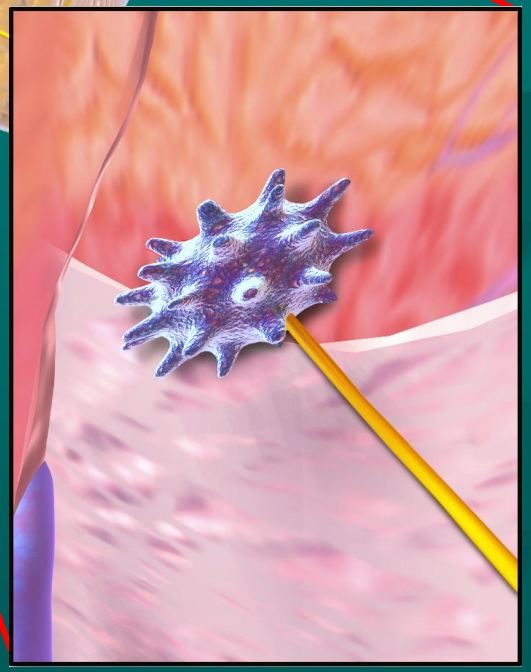
Merkel Cell Carcinoma

= cutaneous APUDoma

= 1° neuroendocrine carcinoma of skin







Merkel Cell Carcinoma

MCC Aetiology

- **Merkel Cell polyomavirus 80%**

Clinical:

- **male > female**
- **age 60–80**
- **Caucasian**
- **50% H & N**
- **12% metastatic**

MCC TNM (AJCC)

- T_1 ≤ 2 cm
- T_2 > 2 cm, to ≤ 5 cm
- T_3 > 5 cm
- T_4 regional invasion

MCC Management

PET/CT

MCC Surgery

Margins

- **WLE**
- **Mohs**

Lymph node status

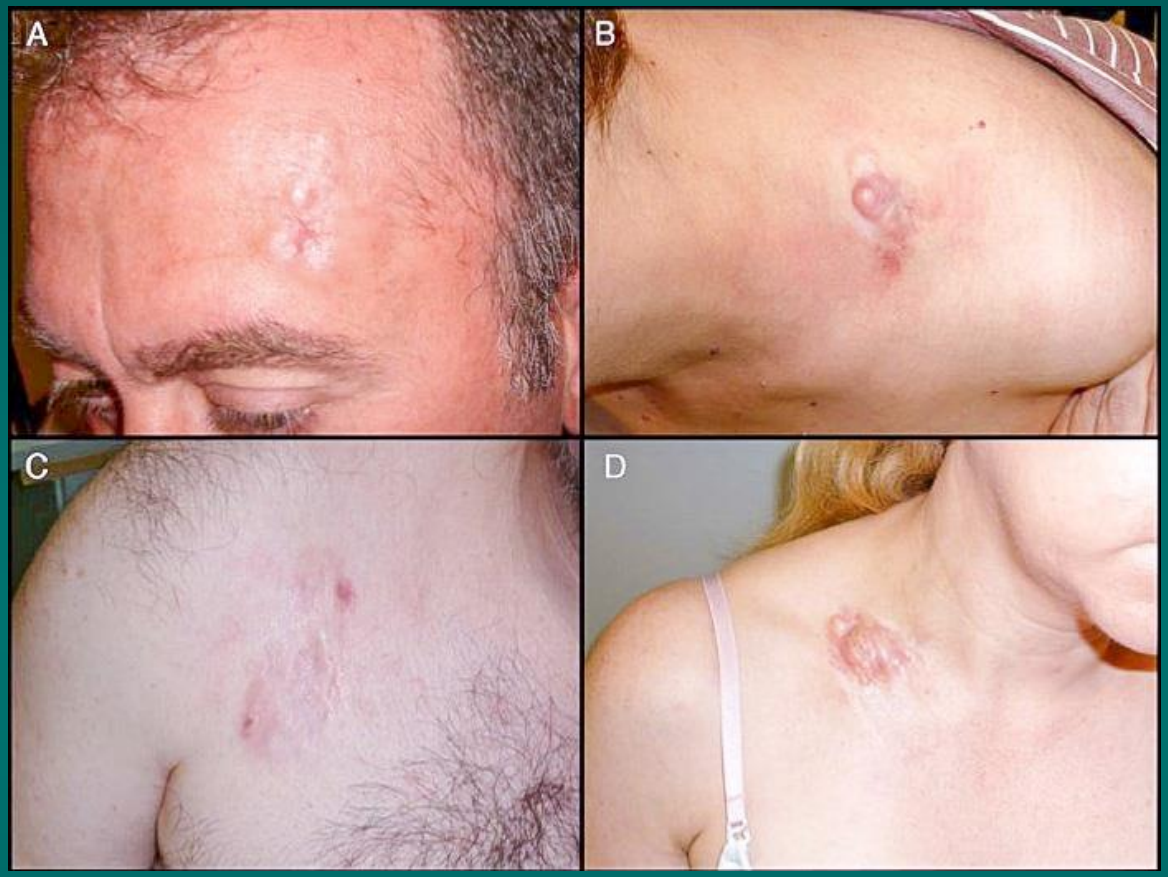
- **SLNB**

MCC

- Radiation 50 Gy
- Chemotherapy
  - < 2 cm – 80% 5 y.s.
  - overall – 60% 5 y.s.

Dermatofibrosarcoma protuberans (DFSP)

- 1% of all sarcomas
- male > female
- 40–60 years
- 5% metastsise



DFSP

DFSP Management

- B_x
- CT / MRI
- PET / CT

DFSP Surgery

- **margins 2–3 cm**
- **recurrence 41% < 2 cm**
- **24% > 2 cm**
- **Mohs**

Radiation: 50–70 Gy

Chemotherapy: imatinib, sorafenib

Others

- Atypical fibroxanthoma (AFX)
- Malignant fibrous histiocytoma (MFH)
  = pleomorphic undifferentiated sarcoma (PUS)
- Kaposi's sarcoma
- Lymphosarcoma

Thank you