



Original article

Pattern of skin cancer at Dammam Medical Complex in Dammam, Saudi Arabia

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Abstract

Objective: This study was performed to determine the pattern of skin malignancies in Dammam Medical Complex, Dammam, Kingdom of Saudi Arabia and to compare these results with those from other parts of the world.

Materials and methods: Histologically diagnosed skin cancers between June 2008 and May 2014 were reviewed and analyzed. Dammam Medical Complex is the main hospital in Dammam that receives most of the malignant cases in this area. Trends in incidence of skin cancers by their age, sex and anatomic location were examined.

Results: Of the 27 cases of skin cancer majority (74%) were Saudis and males (59.2%). The most common malignant skin lesion was BCC followed by SCC, dermatofibrosarcoma protuberans (DFSP), skin secondaries from stomach, breast and lung, mycosis fungoides (MF), malignant melanoma (MM). The most common site was head and neck for BCC, trunk for SCC, and trunk for DFSP.

Conclusion: Low occurrence of malignant skin tumors is found in dermatology practice in Dammam. Nevertheless BCC, SCC and MM should be considered in the dermatology practice locally.

The most common skin cancers seen are BCC and SCC followed by DFSB and MF. The site of distribution of BCC and SCC in our study is similar to studies from various other regions of Saudi Arabia and other countries.

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Keywords: Skin cancer; Saudi Arabia; Dammam

1. Introduction

Malignant skin tumors constitute an important part of the dermatology practice. They have been studied in different areas of the world.

In Saudi Arabia, Dammam there are no studies about the pattern and prevalence of malignant skin tumors. A

study from Asir showed that skin cancer is the most common malignancy in both genders (Khan and Hussain, 1991). A study from Qassim reported BCC as the most common skin cancer (Alzolibani et al., 2013). A study from Jeddah revealed that the most common skin cancer seen are BCC and SCC followed by MF and MM (Mufti, 2012).

In our study we report the finding on the prevalence and pattern of malignant skin tumors in Dammam and compare these results with those from other regions of Saudi Arabia and other countries.

The World Health Organization (WHO) estimates 2–3 million cases of Non-melanoma skin cancer (NMSC) per year (World Cancer Report, 2014, Caucasians have been reported to be most commonly affected (Diepgen and

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Mahler, 2002). Considerable geographical and racial variations have been reported, with very high incidence in some countries. Australia has the highest skin cancer incidence rate in the world (Australian Institute of Health and Welfare 2012). Skin cancers are the most common malignancy and represent approximately half of all cancers in the United States (Xie et al., 2010).

Studies from Saudi Arabia; however, indicate skin cancer accounting for 3.2% of all newly diagnosed cases in year 2010, this cancer ranked ninth in both genders (Saudi Cancer Registry, 2010).

BCC is the most common skin malignancy, mostly found on face. SCC is less common but is more aggressive than BCC. Majority of SCCs are found on parts of the body other than face (Murphy and Elder, 1991). Malignant Melanoma is the least common of the three skin malignancies but most aggressive. Other infrequently found skin cancers are Dermatofibroma Protuberans (DFSP), mycosis fungoides (MF).

2. Methods

A retrospective study including all cases with a histological diagnosis of skin cancer among patients, biopsied or excised, was performed between June 2008 and May 2014. Relevant clinical and histopathological data were gathered from the hospital records.

3. Results

- A total of 27 cases of primary and secondary malignant skin tumors were diagnosed including 23 (85%) primary and 4 (15%) secondary malignant skin tumors.
- Median age of the patients was 53 years.
- 16 (59.2%) patients were males.
- There were 20 Saudi patients and 7 non Saudi patients.

Table 1
Demographic data including tumor characteristics.

Clinical and pathology data	Frequency	Percent
<i>Ages (years)</i>		
Median	53	
Range	25–88	
M/F	16/11	59.2/40.8
Saudi/non Saudi	20/7	74/26
Primary/secondary	23/4	85/15
H&N	10	37
Extremities	5	18.5
Trunk	12	44.5
BCC	7	26
SCC	6	22.2
MF	4	14.8
MM	1	3.7
DFSP	5	18.5
Secondary cancer lung	1	3.7
Secondary cancer stomach	2	7.4
Secondary cancer breast	1	3.7
Total	27	100

- Pattern of the skin tumors, demographic data and sites is shown in (Table 1).
- The predominant tumor was BCC (7 cases), the cases of DFSP were 5, 4 cases of secondary malignancy in the skin and only one case of superficial spreading melanoma.

BCC was the most common NMSC affecting 7 (26%) cases. SCC was reported among 6 (22.2%) cases and was the second commonest primary skin malignancy. DFSP was reported in 5 (18.5%) cases. MF and Malignant Melanoma were other primary skin malignancies reported in 4 (14.8%) and 1 (3.7%) case, respectively. Secondaries in the skin were reported in 4 (14.8%) cases. These included 2 (7.4%) cases were secondaries from Carcinoma of stomach and one (3.7%) case each of secondary from Carcinoma of lung and breast. The most frequent site of primary skin cancer was in the trunk recorded in 12 (44.5%) cases, followed by the head and neck region and extremities in 10 (37%) and 5 (18.5%) cases, respectively.

Common cancer encountered in head and neck region was BCC (55.5%), followed by SCC (22.2%). Also seen in head and neck region were DFSP and skin cancer secondary from lung, one (11.1%) case each. All types of skin malignancies were found in the extremities and trunk. SCC, DFSP and MF were recorded in equal proportions (22.2%) followed by BCC and skin cancer secondary from stomach in equal proportions (11.1%). Also seen in extremities and trunk were MM and skin cancer secondary from breast.

4 cases were skin type II, 9 cases were skin type III and 14 cases were skin type IV. 11 cases have history of exposure to the sun through work and spend lots of time outdoors, unprotected, during their lifetime.

6 cases have history of many moles and abnormal moles. 8 cases have history of Precancerous skin lesions (actinic keratoses) on the face, head and hands.

9 cases have history of using immunosuppressive treatment (Methotrexate, Cyclosporine, Azathioprine and Mycophenolate mofetil) during a period in their lifetime. 7 cases have positive family history of skin cancer.

Table 2 shows a comparison between the two genders, with regard to types and location of skin tumors. Extremities and trunk were observed to be favoured sites in both the genders, 81.2% in males and 81.8% in females. BCC was more commonly seen in males. SCC and MF were reported similar in both the genders. DFSP was reported more in males. One case of MM was reported in males. Skin secondaries were limited to females only.

4. Discussion

The number of cases of skin cancer in this study was low (total 27 cases), although, the cases were collected over 6 years. In Saudi Arabia almost all known cancers have been seen to occur, though with some variations.

This is the first study of skin cancer in Dammam. The most common type of skin malignancy in our study was

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