Cirugía y Cirujanos. 2015;83(6):473–477

CIRUGÍA y CIRUJANOS
Órgano de difusión científica de la Academia Mexicana de Cirugía
Fundada en 1933
www.amc.org.mx www.elsevier.es/circir

ORIGINAL ARTICLE

Clinical characteristics of malignant tumours originating in the external ear☆

José Francisco Gallegos-Hernández*, Miguel Ángel Martínez-Méndez, José Alberto Ábrego-Vázquez, Martín Hernández-Sanjuan, Gerardo Gabriel Minauro-Muñoz, Alma Lilia Ortiz-Maldonado

Departamento de Tumores de Cabeza, Cuello y Piel, Hospital de Oncología, Centro Médico Nacional Siglo XXI, Instituto Mexicano del Seguro Social, México, D.F., Mexico

Received 18 December 2014; accepted 8 May 2015
Available online 8 December 2015

KEYWORDS
Non-melanoma skin cancer;
External ear;
Squamous cell carcinoma;
Basal cell carcinoma

Abstract
Background: Skin tumours that originate in the external ear are common in individuals with type 1 skin and phenotype 1 and 2. The skin cancer is associated with chronic or intermittent, but intense sunlight. The most common malignant tumour is basal cell carcinoma, followed by squamous cell carcinoma and melanoma. The diagnosis of squamous cell skin cancer in head and neck area is usually made in the advanced stages and has a poor prognosis.
Material and methods: A cross-sectional, retrospective analysis was performed on the database of patients with skin cancer of the external ear treated between 2011 and 2014. Histology type, stage, rate of clinical and occult metastases, and rate of loco-regional recurrence were evaluated.
Results: Of the 42 patients included there were, 25 squamous cell carcinomas, 11 basal cell carcinomas, and 6 invasive melanomas. The rate of lymph node metastases in patients with squamous cell carcinoma was 32%, mostly in the parotid and peri-parotid region, 7% of them with capsular rupture, 2/17 were staged as cN0, and 11.7% had occult metastases. All patients with nodal metastasis were classified as T2 with ulceration.
None of the patients with basal cell carcinoma had lymph node metastases.
All melanomas were superficial extension type with mean level of Breslow of 3 mm. All underwent lymphatic mapping and sentinel node biopsy, with only one having metastases in the sentinel node.

☆ Please cite this article as: Gallegos-Hernández JF, Martínez-Méndez MA, Ábrego-Vázquez JA, Hernández-Sanjuan M, Minauro-Muñoz GG, Ortiz-Maldonado AL. Características clínicas de los tumores malignos originados en el pabellón auricular. Cirugía y Cirujanos. 2015;83:473–477.

* Corresponding author at: Departamento de Tumores de Cabeza, Cuello y Piel, Hospital de Oncología, Centro Médico Nacional Siglo XXI, Instituto Mexicano del Seguro Social, Av. Cuauhtémoc 330, Colonia Doctores, C.P. 06725 México, D.F., Mexico. Tel.: +52 55 5246 9723.
E-mail addresses: gal61@prodigy.net.mx, mikemtz_qx@hotmail.com (J.F. Gallegos-Hernández).

Conclusion: The most frequent tumour in the external ear in this series was squamous cell carcinoma. The possibility of lymph node metastases is associated with tumour size (T). Node dissection should be systematic in patients with T2 or greater.

PALABRAS CLAVE
Cáncer de piel no melanoma;
Oreja;
Carcinoma epidermoide;
Carcinoma basocelular

Características clínicas de los tumores malignos originados en el pabellón auricular

Resumen
Antecedentes: Los tumores cutáneos que se originan en el pabellón auricular son frecuentes en individuos con piel tipo 1 y fenotipos 1 y 2; estos están asociados a la insolación crónica o intermitente, pero intensa. El tumor maligno más frecuente es el carcinoma basocelular, seguido del epidermoide y del melanoma. Suelen diagnosticarse en etapas tardías y tener mal pronóstico.
Material y métodos: Estudio transversal, con análisis retrospectivo de la base de datos de pacientes con cáncer de piel, que fueron tratados entre 2011 y 2014. Se incluyen los pacientes con tumor en el pabellón auricular. Se evaluó: tipo histológico, etapa, tasa de metástasis clínicas y ocultas, y tasa de recurrencia locorregional.
Resultados: Incluimos 42 pacientes con 25 carcinomas epidermoides, 11 basocelulares y 6 melanomas invasores. La tasa de metástasis ganglionares en pacientes con carcinoma epidermoide fue 32%, la mayoría en la parótida y la región periparotídea; 7% con rotura capsular, 2/17 se etapificaron como cN0, tuvieron metástasis ocultas (11.7%). Todos los pacientes cN+ fueron clasificados como T2, con ulceración. Ninguno de los pacientes con carcinoma basocelular tuvo metástasis ganglionares.
Todos los melanomas fueron de tipo de extensión superficial, con media de Breslow de 3 mm, y a todos se les realizó mapeo linfático y biopsia del ganglio centinela; solo uno tuvo metástasis en el ganglio centinela.
Conclusión: El tumor más frecuente en el pabellón auricular en la presente serie es el carcinoma epidermoide; la posibilidad de metástasis ganglionares se asocia al tamaño del tumor (T), la disección ganglionar debe de ser sistemática en pacientes con T2 o mayores.

Background

Skin cancer is the most common tumour in the economy,[1] although its prevalence is often under-recorded. This is because many cases are resolved as outpatients and are not reported, and because many of these tumours, since they are not a cause of mortality are not duly registered. Furthermore, most epidemiological studies when referring to skin cancer only include skin melanomas, and not basal cell carcinomas, squamous cell carcinomas or carcinomas of skin annexes.[2]

WHO reports that basal cell cancer is the most common of the skin cancers, followed by squamous cell carcinoma, and melanoma. Carcinomas of skin annexes are less common.

In Mexico,[2,3] 16,000 new cases of skin cancer are recorded every year, with an estimated prevalence of 13.6%, and it ranks fifth amongst all body tumours.

Seventy percent of skin cancers are located in the head and neck area, 80% of these are basal cell carcinomas. The most common site is the facial region; there is a specific area known as the ''mask area'', which comprises the periorbital, peribuccal, nasal, perinasal and auricular regions. Tumours arising in this area are considered high risk, since they have a poor prognosis compared with tumours which originate in other areas of the face, the scalp and outside the head and neck. Tumours originating in the mask area present greater rates of local recurrence, probably because the excision margins are difficult, as they are in areas where organs important for function hinder their removal. Furthermore, squamous cell carcinomas arising in these sites are usually accompanied by a large percentage of lymph node metastases which are palpable or occult at the time of diagnosis, and which have a negative impact on the prognosis for these patients. The incidence of lymph node metastases is greater in patients with squamous cell carcinomas arising in the mask area, compared with other sites, both inside and outside the cervico-facial area.[4,5]

The external ear is included in the mask area, and therefore neoplasias arising from the external ear have been reported as having a poor prognosis, with high temporal infiltration of the tumour or infiltration of the auditory canal, with lymph node metastases principally in the parotid gland, the periparotid region, and the high levels of the neck (IIA, IIB and VA).[1]