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ORIGINAL ARTICLE

Characteristics and risk factors for recurrence of cutaneous squamous cell carcinoma with conventional surgery and surgery with delayed intraoperative margin assessment☆

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KEYWORDS
Non-melanoma skin cancer;
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Abstract
Background: Non-melanoma skin cancer includes basal cell carcinoma and squamous cell carcinoma (SCC). Basal cell carcinoma is the most common and least aggressive but in a low percentage of cases, despite appropriate wide surgical margins, it can be aggressive, producing local invasion, recurrences and distance metastasis. SCC has a more aggressive behaviour invading first the skin, the lymph nodes and less frequently produces distance metastasis.
Objective: To identify the characteristics of recurrent SCC and frequency of new SCC after conventional surgical and primary closure or closure delayed until a histological reporting of tumour-free surgical margins, in order to achieve a better surgical option, in our Mexican population.
Materials and method: We reviewed clinical records from the last 10 years, and included those with a diagnosis of SCC.
Results: One hundred and fourteen tumours in 103 patients were included. The mean new tumour diagnosis was 32.2 per year; there were 46.6% men and 53.4% women. Age range 19–91, with mean 71.94 years (SD = 13.34). The evolution time was from 1 to 112 months (mean = 12 months, SD = 2.65). The most affected site was the cheek. In addition, an invasive tumour was reported in 54% in the histopathological study. At 10-year follow-up we found a second SCC in 14 patients and only 4 recurrences, between the 1st and 4th year and 3 were treated with delayed closure until margins were tumour-free.

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Conclusion: In this study we demonstrated that delayed closure technique is easy and adaptable in our population in the treatment of SCC, achieving good results with very low recurrences at 10-year follow-up.

PALABRAS CLAVE
Cáncer de piel no melanoma;
Carcinoma epidermoide;
Recurrencia;
Mohs modificado

Características del carcinoma epidermoide cutáneo y riesgo para el desarrollo de recidivas con cirugía convencional y cirugía con transoperatorio tardío

Resumen
Antecedentes: El carcinoma de piel no melanoma basocelular y el carcinoma epidermoide o espinocelular (CEC) son tumores frecuentes. El carcinoma basocelular es el cáncer más frecuente y el menos agresivo; en algunas ocasiones, a pesar del tratamiento quirúrgico con márgenes amplios, un porcentaje bajo tiene comportamiento agresivo, como invasión local extensa, recurrencias y metástasis. El CEC tiene un comportamiento más agresivo, primero en piel, después en ganglios linfáticos y, raramente, con metástasis a otros órganos.
Objetivo: Identificar las características de los CEC recurrentes y la frecuencia de aparición de nuevos tumores, tras el tratamiento quirúrgico con cirugía convencional y cierre diferido de herida hasta obtener el resultado histológico libre de tumor (transoperatorio tardío), esto con la finalidad de tener mejores opciones de tratamiento en la población mexicana.
Material y método: Se revisaron los expedientes de 10 años y se incluyeron aquellos que tenían diagnóstico de CEC.
Resultados: Se incluyeron 114 tumores en 103 pacientes. Utilizando un análisis descriptivo, se encontró que la media de diagnóstico de casos nuevos por año fue 32,2. Pacientes masculinos 48 (46,6%) y 55 (53,4%) femeninos. La edad diagnóstica fue entre 19 y 91 años (media = 71,94; DE = 13,34) con un tiempo de evolución de 1 a 112 meses (media = 12 meses; DE = 2,65). El más frecuente es en la mejilla y la variedad histológica invasiva se da en el 54%. En 14 pacientes se encontró un segundo CEC. Solo tuvimos 4 recurrencias, que aparecieron entre el primer y el cuarto año de seguimiento, y 3 de estos fueron tratados con cirugía con transoperatorio tardío.
Conclusión: Este estudio demostró que la técnica de cirugía con transoperatorio tardío es adaptable para el tratamiento de CEC con buenos resultados y bajo porcentaje de recurrencia en un seguimiento a 10 años.

Background

Non-melanoma skin cancer includes basal cell carcinoma and squamous cell carcinoma. Basal cell carcinoma (BCC) is the most common skin cancer; it is the least aggressive and generally has a good prognosis. A very low percentage of BCC behave aggressively with extensive local invasion, recurrences and metastases, despite extensive surgical treatment. However, squamous cell carcinoma (SCC) behaves more aggressively.

In general, a very small proportion of non melanoma skin cancers can behave aggressively, with extensive local invasion, multiple recurrences and occasionally, metastases, even after extensive surgery,[1] and they have major functional, physical and social impact on the patient.[2]

Statistics on white populations show an increase in incidence of 10% per year,[3] predominating in males, at a ratio of 1.3–1.9:1. Predominance in females between the sixth and eighth decades of life has been observed in Mexico. When it presents in children, it is generally associated with a genodermatosis such as xeroderma pigmentosum, with a recurrence risk of up to 18%.[4–6] However, it should be stressed that the age of presentation is changing and there is currently a greater incidence in young people,[5] especially females and smokers.[7]

The largest series of squamous cell carcinoma, conducted in Mexico, describes this tumour as more common in women, with an average age of 71, and predominating in the face. In this study the average size of the lesion was 3 cm and most had ulceration.[6]

There can be many treatment methods for squamous cell carcinoma; however, surgery is the treatment of choice. For low-grade tumours a surgical safety margin of between 4 mm and 6 mm is recommended and primary closure or reconstruction with flap or graft. The surgical specimen is sent to the pathology department and if positive in the margins or bed, the patient should be reoperated using a conventional procedure, micrographic Mohs micrographic surgery (MMS),