

International Conference & Exhibition on

Clinical Research Dermatology, Ophthalmology & Cardiology

5-6 July 2011 San Francisco, USA

## Squamous cell carcinoma of the skin: clinical pattern and challenges of treatment

Maurice Efana Asuquo University of Calabar, Nigeria In Sub-Saharan Africa, squamous cell carcinoma (SCC) is the commonest skin malignancy. This contrast with the Caucasians in Europe, North America, and Australia where basal cell carcinoma accounts for 70-80% of skin cancer. Risk factors vary with race, geographic region, and site of lesion. We present this study to highlight the clinical pattern, risk factors, challenges, and outcome of management of this problem in our region. All patients with histologic diagnosis of SCC that presented to the University of Calabar Teaching Hospital, Calabar, Nigeria from January 2005 to December 2009 were studied. In total, 38 patients (18 males, 20 females) whose ages ranged from 16 to 70 years (mean 44.8 years) were afflicted with SCC lesions. They accounted for 39% of skin malignancy and

5.7% of total malignancy. Kaposi sarcoma 33 (33%) ranked second while malignant melanoma 11 (11%) was third. The ages of the 8 albinos (four males, four females) recorded ranged between 21 and 30 years (mean 24.3 years). The ages of the 30 blacks (14males, 16 females) ranged from 16 to 70 years (mean 50.2 years). The lower limb was the commonest afflicted site recorded in 15 (39.0%) patients. The head and neck ranked second with 14 (37.0%) patients while the anogenital region with eight (21%) patients ranked third. Marjolin's ulcer recorded in 14 (36.8%) patients afflicted only the limbs. The results were satisfactory in 13 (34%) patients, while in 21 (55%) patients, the outcome was poor, and hospital mortality was recorded in four (11%) patients. Squamous cell carcinoma is largely preventable, late presentation with advanced lesion was a major underlying issue. Early institution of preventive strategies, early presentation, and proper surgical evaluation of chronic ulcers would improve outcome.

## Biography

Upon completion of the Fellowship in Surgery (FWACS) in 2000, he joined the University of Calabar as a lecturer in 2001. Today he is an Associate Professor, University of Calabar, Calabar, Nigeria, and Consultant Surgeon at the University of Calabar Teaching Hospital, Calabar in Nigeria. His major research interest is in dermatologic oncology. Attended several International and Local conferences and presented several papers on cutaneous oncology. He is currently the Head of Surgery and has pioneered research resulting in several publications on dermatologic malignancy: Basal cell carcinoma in five albinos from the south-eastern equatorial rain forest in Nigeria (Asuquo et al 2007), Marjolin's ulcer: the importance of surgical management of chronic cutaneous ulcers (Asuquo et al 2007), Dermatofibrosarcoma protuberans: Case reports (Asuquo et al 2007), Major dermatological malignancies encountered in a Teaching Hospital surgical department south Nigeria (Asuquo et al 2008), and Cutaneous squamous cell carcinoma in Calabar, southern Nigeria (Asuquo et al 2009). Others include, Skin cancers amongst 4 Nigerian albinos (Asuquo et al 2009), cutaneous cancers in Calabar (Asuquo et al 2009), Skin malignancies in Calabar (Asuquo et al 2008), Kaposi sarcoma in Calabar (Asuquo et al 2009), Sugnificance of the anatomical distribution of major skin malignancies in Calabar, Southern Nigeria (Asuquo et al 2009), Cutaneous metastatic carcinoma: Diagnostic and Therapeutic values (Asuquo et al 2010), Skin malignancy of the head and neck (Asuquo et al 2001), Malignant adnexal tumours (Asuquo et al 2010). Marjolin's ulcer: Therapeutic challenges (Asuquo et al 2010), Dermatofibrosarcoma protuberans: Therapeutic challenges (Asuquo et al 2010), Dermatofibrosarcoma protuberans: Therapeutic challenges (Asuquo et al 2010), Marjolin's ulcer: Therapeutic challenges (Asuquo et al 2010), Dermatofibrosarcoma protuberans: Therapeutic challenges (Asuquo et al 2010), Marjolin's ulcer: Therapeutic challenges (Asuquo et al 2010), Dermatofibrosarco