

6th International Conference on**Clinical and Experimental Dermatology**

May 04-06, 2016 Chicago, USA

Squamous cell carcinoma in a tropical setting**Maurice Efana Asuquo**

University of Calabar, Nigeria

Background: In Sub-Saharan Africa, squamous cell carcinoma (SCC) is reported to be commoner than other skin malignancies. This is in sharp contrast with the experience in North America and Europe where basal cell carcinoma (BCC) is reported to be the commonest skin cancer. The risk factors vary with geographic region and race. This study sought to evaluate the current pattern, possible risk factors and management outcomes in the authors setting and proffer solutions improved outcomes.

Method: Patients who presented with histologic diagnosis of SCC at the University of Calabar Teaching Hospital, (UCTH), Calabar, Nigeria from 2013 to 2015 were prospectively studied and compared with total number of patient with skin malignancies seen over the same period.

Results: In total, 10 patients (4 male, 6 female; M:F ratio 1:1.5) whose ages ranged from 7-65 years (mean 43.7 years) were seen. They comprised 47.6% of total skin malignancy seen in the study period. Nine (90%) were darkly pigmented while one patient was an albino. Three (30%) patients presented with Marjolin's ulcer (MU) affecting the limbs (1 upper, 2 lower limb) while 7 (70%) were non Marjolin's. In the later subset, the albino presented with multiple lesions (left post auricular and upper back). Three (30%) patients all females presented with anal cancers. The youngest patient aged 7 years presented with auricular polyp. The other 2 (20%) patients presented with scalp ulcers. All the patients with MU were due to chronic traumatic ulcers; their ages ranged from 27-55 years (mean 45.3 years). The latency period was from 6-11 years (mean 8.3 years). Patients were offered a combination of surgery (excision, skin grafting/flaps and amputation), chemotherapy and radiotherapy. The outcomes were poor due to advanced primary lesions at presentation with one hospital mortality in a patient with an extensive scalp ulcer.

Conclusion: The clinical pattern of SCC in our setting revealed that patients were in 2 subsets: Marjolin's and non Marjolin's. The risk factor in the MU group appears to be chronic traumatic ulcer. In the non Marjolin's group, solar radiation was attributed to be the risk factor in the albino patient while others were non-solar. Socio-cultural beliefs, ignorance and poverty were remarkable underlying issues. Education highlighting the possible risk factors, early presentation, diagnosis and treatment will improve outcomes with a decrease in the health care cost of SCC.

Biography

Maurice Efana Asuquo is a Professor/Chief Consultant Surgeon at the University of Calabar, University of Calabar Teaching Hospital, (UCTH), Nigeria. He has served as the Head of Department of Surgery, University of Calabar, Dean, Faculty of Medicine and Dentistry and Provost College of Medical Sciences. His major research interest is dermatological oncology. He is currently the Head of the Oncology unit of UCTH, Nigeria. He has attended several international and local conferences, presented several papers on dermatological oncology. He has over 80 publications to his credit.

mauefas@yahoo.com
mauefas@unical.edu.ng**Notes:**