

Non-melanoma Skin Cancer: Types, Symptoms, Causes and Treatment

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DESCRIPTION

Non-melanoma carcinoma refers to all or any kinds of cancer that occur within the skin that aren't melanoma.

Several sorts of carcinoma fall within the broader category of non-melanoma carcinoma, with the foremost common types being basal cell carcinoma and epithelial cell carcinoma.

Non-melanoma carcinoma treatment depends on the sort of cancer. Carcinoma treatment usually involves surgery to get rid of the cancer cells.

TYPES

- Angiosarcoma
- Basal cell carcinoma
- Cutaneous B-cell lymphoma
- Cutaneous T-cell lymphoma
- Dermatofibrosarcoma protuberans
- Merkel cell carcinoma
- Sebaceous carcinoma
- Squamous cell carcinoma of the skin

SYMPTOMS

The first sign of non-melanoma carcinoma is typically the occurrence of a lump or discoloured patch on the skin that persists after a couple of weeks and slowly progresses over months or sometimes years. This is often the cancer, or tumour.

In most cases, cancerous lumps are red and firm and sometimes become ulcers, while cancerous patches are usually flat and scaly.

Non-melanoma carcinoma most frequently develops on areas of skin regularly exposed to the sun, like the face, ears, hands, shoulders, upper chest and back.

The 2 commonest sorts of non-melanoma carcinoma are:

Basal cell carcinoma (BCC), also referred to as a rodent ulcer, starts within the cells lining rock bottom of the epidermis and accounts for about 75 in every 100 skin cancers.

Squamous cell carcinoma (SCC) starts within the cells lining the highest of the epidermis and accounts for about 20 in every 100

skin cancers.

CAUSES

Overexposure to ultraviolet (UV) light is that the main explanation for non-melanoma carcinoma. UV light comes from the sun, also as from artificial tanning sunbeds and sunlamps.

Other risk factors which will increase your chances of developing non-melanoma carcinoma include:

- a previous non-melanoma skin carcinoma
- a family history of skin cancer
- pale skin that burns easily
- a sizable amount of moles or freckles
- taking medicine that suppresses your immune system
- a co-existing medical condition that suppresses your immune system

DIAGNOSIS

A GP can examine your skin for signs of carcinoma. They'll refer you to a skin specialist (dermatologist) or a specialist cosmetic surgeon if they're unsure or suspect carcinoma.

Basal cell skin cancers usually don't need an urgent referral, but you ought to still see a specialist within 18 weeks.

The specialist will examine your skin and should do a biopsy to verify a diagnosis of carcinoma.

TREATMENT

Surgery is that the main treatment for non-melanoma carcinoma. It involves removing the cancerous tumour and a few of the encompassing skin.

Other treatments for non-melanoma carcinoma include freezing (cryotherapy), anti-cancer creams, radiotherapy and a sort of light treatment called photodynamic therapy (PDT).

The treatment used will depend upon the sort, size and site of the non-melanoma carcinoma you've got.

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Treatment for non-melanoma carcinoma is typically successful as, unlike most other sorts of cancer, there is a considerably lower risk that the cancer will spread to other parts of the body.

Basal cell carcinoma (BCC) doesn't usually spread to other parts of the body. There is a small risk (up to 5%) of epithelial cell carcinoma (SCC) spreading to other parts of the body, usually the lymph nodes (small glands found throughout your body).

However, for both BCC and SCC there can sometimes be considerable skin damage if the tumour isn't treated.

At least 9 out of 10 non-melanoma carcinoma cases are successfully cured. surrounding it.

When soft tissue sarcoma affects the arms and legs, radiation and chemotherapy may be considered to shrink the tumor to avoid amputation.

Radiation therapy

Radiation therapy involves treating cancer with high-powered beams of energy. Options include:

- **Before surgery:** Radiation before surgery can help shrink the tumor so that it's easier to remove.

- **During surgery:** Intraoperative radiation allows a higher dose of radiation to be delivered directly to the target area, while sparing surrounding tissues.
- **After surgery:** Postoperative radiation can help kill any remaining cancer cells.

Chemotherapy

Chemotherapy is a drug treatment that uses chemicals to kill cancer cells. Chemotherapy can be administered by pill or through a vein (intravenously). Some forms of soft tissue sarcoma respond better to chemotherapy than do others. For instance, chemotherapy is often used to treat rhabdomyosarcoma.

Targeted drug treatment

Some types of soft tissue sarcoma have specific characteristics in their cells that can be attacked *via* targeted drug treatments. These medicines work better than chemotherapy and aren't nearly as toxic. Targeted treatments have been particularly helpful in gastrointestinal stromal tumors (GISTs).