Skin cancer in patients with multiple health problems

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Case history

Mrs OL, 84 years of age, and living in an aged care facility, developed a nodule on her left cheek. She had a history of numerous past skin cancers, dementia, hypertension, epilepsy, and cerebrovascular accidents. Her memory was poor. Given her background health, the initial decision was made not to intervene with her left cheek lesion.

However, the tumour rapidly progressed over 1 year (*Figure 1*). It became chronically infected and resistant to antibiotic treatment and regular toileting. The soft friable surface of the tumour bled on contact and required constant dressings. The surface of the tumour had swirls of pink and red. There was no crusty keratotic surface. The border of the tumour was very sharply defined (*Figure 2*). The persistent offensive odour from the tumour resulted in other residents being unhappy to dine with Mrs OL. To keep the peace she ate alone in her room; eventually spending the majority of time in her room. She enjoyed her hair being styled but unfortunately the hairdresser would no longer attend her. Mrs OL's husband continued to visit her regularly. Loneliness and depression became issues with her ongoing isolation resulting from her visually offensive and malodorous tumour.

It was clear the tumour needed to be excised, primarily to allow Mrs OL to rejoin her friends and previous lifestyle. Her family requested that as much of the management as possible be undertaken on site in her own environment.

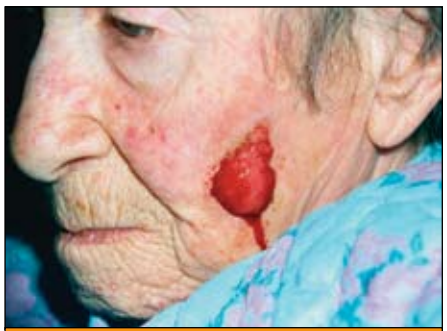

Figure 1. Chronically infected tumour

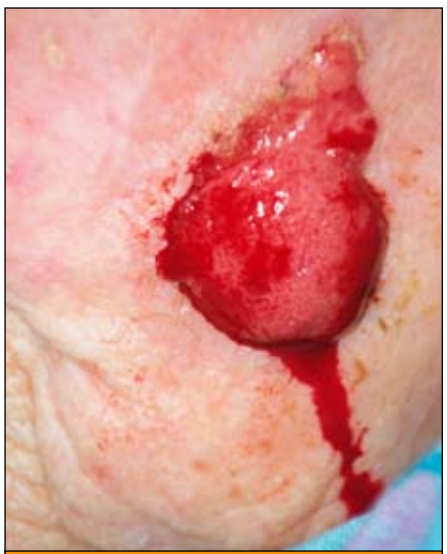

Figure 2. Tumour showing sharply defined border

Surgical excision and a transposition flap repair was undertaken in the rooms with local lignocaine and adrenaline as the anaesthetic choice. Despite initial anxiety, Mrs OL coped well with the procedure.

Histology confirmed a poorly differentiated squamous cell carcinoma (SCC). Margins were clear. The wound healed promptly and the offensive odour ceased. Mrs OL returned to her previous lifestyle and was again able to have her hair styled.

Surgical follow up at the aged care facility provided the complete picture of the impact of this excision on her lifestyle. The result at 3 months was encouraging (*Figure 3*). Two years on there was no evidence of recurrent tumour and Mrs OL was progressing well.

No treatment

There are times when the appropriate management of nonmelanoma skin cancer (NMSC) is to leave them. Consider an elderly patient with Bowen disease or superficial BCC below the knee. You may consider that other health issues are likely to influence the patient's wellbeing long before the NMSC has any influence other than its appearance (which may not concern the patient). Simpler treatments such as cryotherapy and curettage can result in chronic infection and ulceration and may result in a greater disability for the patient than the NMSC was likely to produce if left alone.

Figure 3. Patient 3 months after surgery

Summary of important points

- The decision to treat or leave can be difficult in patients with multiple health issues. The patient's general practitioner is well placed to balance the cutaneous oncology considerations with other health issues.
- 3 mm margins rather than wider margins were effected in the surgical management of this tumour. The emphasis was on returning the patient to her lifestyle rather than maximising long term survival.
- Skin cancers on the face have considerations in management well beyond the risks of local and systemic invasion. An unsightly tumour can have a major impact on daily activity. If it also has an offensive odour, treatment is imperative.
- Poorly differentiated SCCs look and behave very differently to well differentiated SCCs – they lack the crusty hard surface and can spread.[1] Metastatic potential is greater in these soft red tumours especially if >2 cm in diameter.
- Nursing resources involved in managing a tumour can influence the decision to treat a patient. In this case, frequent dressings and toileting were required by a stretched nursing staff. Following a relatively simple surgical procedure, nursing time was then available for meeting other needs of the resident.

Conflict of interest: none declared.

Reference

1. Czarnecki D, Staples M, Mar A, Giles G, Meehan C. Metastases from squamous cell carcinoma of the skin in southern Australia. Dermatology 1994;189:52–4.

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