

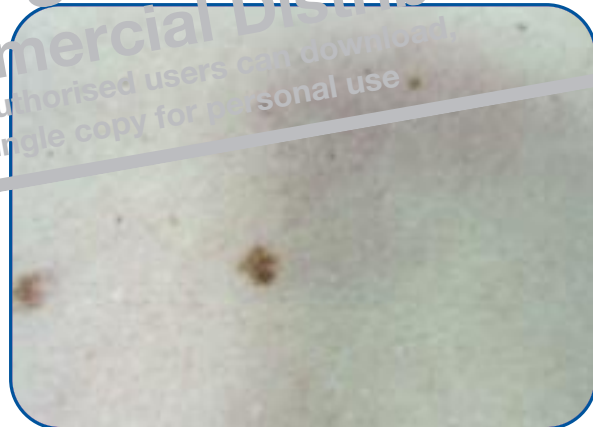


Brian's Back

Benjamin Barankin, MD, FRCPC

Meet Brian

- Brian's wife noticed a mole on his back that she thinks may have gotten bigger in the past couple of years. The mole is asymptomatic
- There is no personal or family history of skin malignancy
- Brian is otherwise healthy, though he occasionally takes acetaminophen for headaches and backaches



What is your diagnosis?

- a) Dysplastic nevus c) Congenital nevus e) Melanoma
b) Combined nevus d) Nevus spilus

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See page 2 for the answer to last month's case 



Here is the answer to last month's case

Meet Sal

- Sal is a 69-year-old male with a slowly enlarging, occasionally sore lesion on his scalp
- His pharmacist recommended he use polysporin, which has not helped
- The lesion does not bother him, but his daughter is concerned by its appearance
- He has no personal or family history of skin problems, although liquid nitrogen was once applied to his face for the removal of a lesion
- He is on allopurinol for gout, and he has no drug allergies or other health issues



What is your diagnosis?

- | | | |
|-----------------------------------|--------------------------------|----------------------------|
| a) Keratoacanthoma | c) Allergic contact dermatitis | e) Squamous cell carcinoma |
| b) Hypertrophic actinic keratosis | d) Hailey-Hailey disease | |

Answer: E

This is a case of squamous cell carcinoma (SCC) (answer e).

SCC is the second most common skin cancer (after basal cell carcinoma [BCC]) in Caucasians. SCC presents as a slow-growing, scaly or crusted papule or plaque. Over time, it becomes increasingly sensitive, and SCC can sometime present as sores or ulcers that do not heal (similar to BCC). Since it results from chronic sun exposure, it is most commonly found on the face, lips, ears, dorsal hands, forearms, and lower legs. SCC varies in size, and grows slowly over months or years.

SCC often presents in areas of sun damage, often containing actinic keratosis (AK). A certain percentage of AK will turn into SCC, and, since we don't know which AK will transform, it is important to treat and prevent these precancerous lesions. Other risk factors for SCC include smoking, genetic predisposition, thermal burn scars, chronic leg ulcers, human papillomavirus, and immunosuppressive medications.

Treatment is surgical, and, rarely, it may include radiation. It is

important to discuss sun protection and avoidance measures, perform a full skin examination, treat precancerous lesions like AK, and periodically reassess these patients, as they are prone to developing further skin malignancies.

Benjamin Barankin, MD, FRCPC

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Congratulations

to our winner for the month of
February 2013

Dr. Batool

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