

DERMATOPATHOLOGY

Derm is the Greek word for skin.

Pathology is the study of disease.

Dermatopathology is the study of skin disease.

SQUAMOUS CELL CARCINOMA

This patient information was medically reviewed by:

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SkinPath Solutions only employs Board Certified Dermatopathologists. All borderline or malignant pigmented lesions and complex or difficult diagnoses are reviewed in committee.

For more information on this and other skin diseases, please contact the following or visit their websites:

The Skin Cancer Foundation

212-725-5176

www.SkinCancer.org

The American Academy of Dermatology

847-240-1280

www.aad.org

Dermatopathologists are physicians who have completed specialized fellowship training, after medical school and residency, in the study of diseases of the skin. Following their dermatopathology fellowship, they are required to pass a board certification exam that qualifies them to specialize in microscopic evaluation of biopsies from the skin, hair and nails. Dermatopathologists with SkinPath Solutions are consultants for your clinician. Our role is to provide an accurate and timely diagnosis so that you may receive optimal care.

Once a biopsy is taken, it must be transported to the laboratory. In the laboratory, a team of individuals who are specifically trained in handling skin specimens prepares your biopsy for microscopic examination. The process includes gross examination, proper fixation and processing of the tissue, and placing very thinly sliced sections of your biopsy on a glass slide. These thin sections are then treated with chemical stains, which enable thorough examination of your biopsy by the dermatopathologist.

A clear and concise report is written and your diagnosis is reported to your clinician. Similar to services provided by a radiologist or anesthesiologist, your insurance provider will be billed for our services based upon an amount contracted by your insurance provider. You will be responsible for any deductible or copay amount, which is determined by the insurance plan you have selected.

Your clinician chose SkinPath Solutions because we work diligently to provide the best possible care for their patients. We have earned their trust and we strive each day to provide exceptional care in our state-of-the-art dermatopathology laboratory.



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678-556-9411 or 888-559-0263

www.SkinPathSolutions.com



Providing the Best Dermatopathology
Services Under the Sun

SQUAMOUS CELL CARCINOMA

Squamous cell carcinoma (SCC) is the second most common form of skin cancer. About 800,000 Americans are newly diagnosed with SCC each year. The squamous layer of the skin is the most outer layer of the epidermis, which is the outer layer of the skin. SCCs left untreated can metastasize to other organs of the body, and they can be deeper than they appear to the naked eye. Large SCCs can be disfiguring, and metastatic SCCs can be fatal. Patients who have had SCC or other skin cancers are at higher risk of developing additional skin cancers. SCC can reoccur in the same area even if it has been properly removed. Regular skin examinations by your clinician are recommended.

The ABCDEs of Melanoma:

The American Academy of Dermatology (AAD) has established an understandable guide to possible malignant melanoma (MM), the most dangerous kind of skin cancer.

A is for Asymmetry

If a mole is asymmetrical, you should be concerned and have it looked at by your clinician.



B is for Borders

If a mole has a poorly defined or irregular border, you should be concerned and have it looked at by your clinician.



C is for Color

If a mole has several different shades of black, brown, tan, red, white or blue, you should be concerned and have it looked at by your clinician.



D is for Diameter

If a mole is larger than 6mm (the size of a common pencil eraser), you should be concerned and have it looked at by your clinician.



E is for Evolving

If a mole has noticeably changed over time, you should be concerned and have it looked at by your clinician.

IDENTIFICATION OF SCC:

Squamous cell carcinomas (SCCs) are typically found in sun-exposed areas of the skin. They are often seen as scaly rough patches that may bleed when they are bumped or scratched. Sometimes they have soft raised edges and are depressed in the middle. Other times they may look like a scaly wart that may bleed. They may also look like pimples that bleed and keep recurring in the same location. SCCs may rapidly increase in size. Sometimes they look like open sores, but they don't heal like they should and can persist for very long periods of time. Any lesion or spot that changes rapidly should be seen by your dermatologist as soon as possible. SCC is diagnosed by microscopic examination.

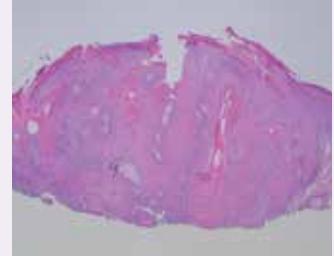


Squamous Cell Carcinoma

CAUSES AND PREVENTION OF SCC:

SCC is usually caused by the UV rays of the sun and tanning beds in patients with lighter skin. SCC may also occur in areas exposed to chronic trauma or irritation, as well as in skin which has been severely burned. It has been reported, the probability of developing SCC increases by up to 2,500 percent with the use of tanning beds. The increased incidence of all types of skin cancer in younger patients is directly related to the use of tanning beds, so the use of any tanning bed should be avoided. You may also decrease the chances of developing SCC by limiting your exposure to the harmful UV rays of the sun.

This may be accomplished by wearing sunscreen with a Sun Protection Factor of 15 or higher with frequent reapplication. Avoiding the sun between 10 a.m. and 4 p.m., wearing long sleeves and hats with large brims and seeking shade will also decrease exposure to the harmful UV rays of the sun.



Microscopic Image of Squamous Cell Carcinoma

TREATMENT FOR SCC:

SCC is treated by removing of the cancerous cells. Removal can be accomplished by several methods depending on the size, depth, and location of the SCC. Some SCCs can be frozen off using liquid nitrogen (LN2) in a process called cryotherapy. SCC may also be treated by biopsy, with electrodesiccation and curettage (ED&C), excision or Mohs surgery. Your clinician will discuss the most appropriate treatment for your lesion.



Excision