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The prevalence of basal cell carcinoma and squamous cell carcinoma at the Helen Joseph Hospital

Mosojane, Karen Itumeleng

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ABSTRACT

Background

Basal cell carcinoma and squamous cell carcinoma account for the majority of nonmelanoma skin cancers. Although the diagnosis has a relatively low mortality in comparison to other malignancies, the patients incur significant morbidity and there is an immense financial burden on health care systems.

Objectives

To study the prevalence, demographic and histologic pattern of patients with basal cell carcinoma and squamous cell carcinoma at the Helen Joseph Hospital.

Methods

This was a retrospective study of adults who had histologically confirmed basal cell carcinoma and squamous cell carcinoma at Helen Joseph Hospital, Dermatology department for the duration of 1st June 2014 to 30th June 2019.

Results

Basal cell carcinoma

A total of 394 patients were included. The prevalence was 1.4% with a mean age of 69.4 years (standard deviation of 11.5). Males were 209 (53.0%) and 137 (34.8%) were female, gender was not documented in 48 (12.2%). The male to female ratio was 1.5:1. HIV negative patients were 62 (15.7%) and 5 (1.3%) were HIV positive.

Actinic keratosis was a risk factor for all the patients. A total of 393 (99.7%) patients were of Fitzpatrick's skin phototype I or II, 1 (0.3%) patient had oculocutaneous albinism and 4 (1.0%) patients were smokers. A previous diagnosis of skin cancer was observed in 87 (22.1%) patients.

The histologic subtypes that were diagnosed included nodular (69, 17.5%), metatypical/basosquamous and superficial both at 12 (3.1%) and ulcerated (11, 2.8%), however most patients (200, 50.7%) had a mixed subtype. Most of the lesions were located on the face 194 (49.2%) and upper limb 53 (13.5%).

Squamous cell carcinoma

Overall 85 patients were diagnosed with squamous cell carcinoma. The prevalence was 0.3%. The mean age was 68.7 years (standard deviation of 12.8). In the cohort, majority of our patients were male (61, 71.8%), 17 (20.0%) were female, and the male to female ratio was 3.6:1. Gender was not documented in 7(8.2%). There was no statistical significance between gender and age ($p>0.05$). HIV negative patients were 12 (14.1%) and 3 (3.5%) were HIV positive.

Almost all patients in this cohort were of a lighter skin phototype 83 (97.6%). Most patients had multiple risk factors, except 1 (1.2%) who had epidermodysplasia verruciformis as the only risk factor identified.

Moderately differentiated squamaous cell carcinoma was diagnosed in majority of the patients 59 (69.4%) and 3 (3.5%) patients had poorly differentiated squamous cell carcinoma. Most patients had an undocumented histologic variant 67 (85.9%). Squamous cell carcinoma occurred most commonly on the face 30 (35.3%), upper limb 16 (18.8%) and scalp 13 (15.2%)

Conclusion

Our findings are generally in line with other published reports. We noted that BCC has a higher prevalence than SCC. Both cancers were more common in elderly males. Fitzpatrick skin phototype 1 and 2, history of sun exposure, actinic keratosis and prior skin cancer are some of the risk factors that we elucidated. In our cohort these cancers occurred more frequently on sun exposed sites. Majority of our patients did not have a documented HIV status. There is lack of standardisation in history taking and documentation in our dermatology clinic, as well as histopathology reports which leads to important prognostic factors not being documented. These factors form a basis for patient treatment options and inform follow up plans.