

What Is Squamous Cell Carcinoma, understanding it and How Is It Treated?

Squamous cell carcinoma (SCC) is a common type of skin cancer that develops in the squamous cells, which make up much of the outer layer of the skin. Most SCCs can be treated successfully, particularly when they are found early, but it is important not to ignore a spot that is growing, changing, bleeding, or not healing.

At Calvert Dermatology, we see and treat squamous cell carcinoma regularly. When a suspicious spot is identified, our goal is to make an accurate diagnosis and then recommend a treatment based on the individual skin cancer, its location, and its risk characteristics.

Understanding Squamous Cell Carcinoma

SCC can look different from one person to another. It may appear as a rough, scaly patch, a firm bump, a crusted growth, or a sore that does not heal. Some SCCs are tender or painful, while others do not cause any symptoms. They may also bleed easily or repeatedly scab over and then return. SCCs are especially common on areas of the skin that receive a lot of sun exposure; however, SCC can develop on other areas of the body as well.

The most important risk factor for SCC is cumulative exposure to ultraviolet (UV) radiation. Other factors can also increase the risk of SCC, including having had skin cancer before, having a weakened immune system, certain types of previous radiation exposure, and chronic or severely damaged skin. Developing SCC does not necessarily mean that you did something wrong. Skin cancer results from multiple factors, and not all risk factors can be controlled.

Diagnosis

If your dermatologist is concerned about a particular spot, the next step is usually a skin biopsy. During a biopsy, a small amount of tissue is removed and examined under a microscope by a pathologist.

A biopsy can determine whether the lesion is an SCC and provide information that helps guide treatment. The pathology report may describe characteristics of the cancer that are important when deciding how it should be treated.

The size, location, depth, and microscopic features of the tumor can all affect treatment decisions. Your dermatologist will consider these factors along with your overall health and medical history.

Treatment at Calvert Dermatology

There is not one treatment that is appropriate for every SCC. For many SCCs treatment involves removing the cancer surgically. The appropriate approach depends on the individual cancer and its risk of returning or spreading.

One common approach is what we call a standard surgical excision. This involves removing the visible cancer along with a margin of surrounding skin. The tissue is then sent to a pathologist to determine whether the cancer has been completely removed.

For selected skin cancers, Mohs micrographic surgery may be recommended. During Mohs surgery, the cancer is removed in stages, and each layer is examined under a microscope during the procedure. Additional tissue is removed only from areas where cancer cells remain. This allows the surgeon to carefully examine the edges of the tumor while preserving as much normal skin as possible.

Mohs surgery is particularly useful for certain SCCs, including cancers in areas where preserving healthy tissue is important, cancers with poorly defined borders, cancers that have returned after previous treatment, and tumors with other characteristics that increase the risk of recurrence. At Calvert Dermatology, Dr. Faris Hawit is a board-certified dermatologist and Mohs micrographic surgeon. He has extensive experience managing melanoma, basal cell carcinoma, and squamous cell carcinoma, with advanced training in skin cancer surgery and Mohs micrographic surgery.

Depending on the type and risk of the SCC, other treatments may sometimes be appropriate. These can include a local destruction which is a process where the area the cancer is located will be numbed, the roots will be scrubbed using a scrubbing technique, a medicine will then be applied to destroy the remaining roots or, in certain circumstances, radiation therapy. More advanced skin cancers may require care from multiple specialists, including radiation or medical oncology.

When we recommend a particular treatment at Calvert Dermatology, we consider the characteristics of the cancer as well as the location and the patient's individual circumstances. Our goal is to explain the options clearly so that patients understand why a particular treatment is being recommended.

Bottom Line

Squamous cell carcinoma is a common form of skin cancer that is usually very treatable when found early. It can look like a rough patch, crusted bump, or sore that does not heal, and it may or may not cause symptoms.

If you have a spot that concerns you, having it examined by a dermatologist is the best way to determine what it is and whether a biopsy is needed. If SCC is diagnosed, the dermatology team at Calvert Dermatology can evaluate the cancer and discuss the treatment options that are appropriate for its specific characteristics, including surgical and Mohs treatment when indicated.

Regular skin examinations after treatment are also important, since having one SCC increases the risk of developing additional skin cancers.

Frequently Asked Questions

Can SCC go away on its own?

An SCC should not be expected to go away on its own. A sore or growth that repeatedly crusts, bleeds, or seems to heal and then returns should be evaluated rather than simply watched.

Will I get another skin cancer after having SCC?

Having an SCC increases your risk of developing another skin cancer. This does not mean that you will develop another one, but it is an important reason to continue regular skin examinations and practice good sun protection.

What should I do if I notice a suspicious spot?

Make an appointment with a dermatologist, particularly if the spot is growing, changing, bleeding, painful, or not healing. SCC can have many different appearances, so a dermatologist may recommend a biopsy to determine exactly what the spot is.

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