

Skin Tumor Gallery

Our Intention

This webpage is not meant to serve as a substitute for your visit at the doctor's office.

We offer you some general information on the most common types of skin cancer and show pictures of some typical cases.

This way we give you an opportunity to compare findings on the skin with our pictures.

We encourage you in case of suspect or uncertain findings not to wait, but see an experienced doctor / dermatologist soon as to be examined and diagnosed early enough for a successful treatment.

Risik Factors for Skin Cancer

Persons with freckles, with a fair skin type, with red hair or with numerous moles (more than 50) are known to have an increased risk of developing skin cancer.

In these skin types a consequent use of a high UV protection sunscreens is needed.

If you find changes and growth in a spot on your skin you should have it checked by an expert doctor, e.g. a dermatologist.

Malignant Skin Tumors

There are three types of skin cancer that are important to know :

- malignant Melanoma,
- Basal cell carcinoma or Basalioma (BCC) and
- Squamous cell carcinoma (SCC)

Melanoma

The malignant melanoma starts to grow from the pigment cells in the skin surface.

It can occur in any surface area of the body. It is found in one of 7000 persons per year in Europe in caucasians, mostly in the middle of their lifetime.

In most cases melanoma is discovered as a flat, growing, irregular shaped pigment spot, often without any symptoms that only later grows in thickness and in some cases perhaps might itch. Bleeding is a late sign.

Note: Half of the early melanomas do not look typical at all in the beginning.

Not all melanomas are dark brown or black.

There are different subtypes of melanomas defined :

The superficial spreading melanoma type (SSM) is the most common type, representing 75% of the cases (see above). As it grows in a thin layer first, it is can be discovered early enough to be removed timely.

The malignant age spot Lentigo maligna melanoma (LMM) is the second most common melanoma subtype. It usually starts on sunexposed body areas as the face or the arms of elderly people. Only late it would start growing deeper into the skin, becoming increasingly dangerous.

The nodular malignant melanoma type (NMM) is present in about 5% of the cases. It can look misleading and from the beginning grows deeper into the skin, which makes it more dangerous than the other types.

A melanoma subtype on hands or feet is called acro-lentiginous melanoma (ALM).

It can start under a nail or hide between fingers or toes and therefore is sometimes misdiagnosed as fungal infection or wart for some time and is left growing. This makes it dangerous.

This melanoma type is rare but is the most common type in persons with dark coloured skin.

To diagnose a melanoma is not always simple, so, if there is a doubt, a pigment spot should better be examined by an experiences doctor / dermatologist.

Basal cell carcinoma (BCC) or Basalioma

The most common type of skin cancer is BCC or Basalioma. It occurs about four times more often than melanoma in caucasian population. Again the sunburn sensitive skin types are more at risk.

BCCs start from the surface of the body from the cells of the basal cell layer in the skin that is responsible for the regeneration of the skin.

Basaliomas most commonly are found in the face, but can occur anywhere on the body, preferably on sun exposed areas, like chest, arms or trunk, behind the ears or even on the scalp.

BCCs can occur in several places on the body over time.

They are most often found in elderly people around their seventies. As a rare case even in the early twenties some people can develop basaliomas.

Most BCCs start as a skin coloured spot or node, sometimes scaling, sometimes like a little sore, not quite healing away and coming back over month, growing in size very slowly.

There are different types of BCCs known:

There is a **solid** type, a **nodular** or **cystic** type that are well defined in their borders, but there is the **scar-like** or **scleroderma** type of BCCs that grows underground, so it is difficult to remove it and it relapses sometimes.

Very rarely there are borderline BCC types named **metaplastic** BCCs that mix with squamous cell carcinoma and have a small risk of metastasation.

Most BCCs are pink or scaly, but some are pigmented and some are even black.

When left unattended over years they can grow deeper and after several years or more can grow into bones and reach vital structures. This may lead to severe problems especially in the face.

BCCs are sometimes not easy to distinguish from seborrheic keratoses (age warts), so for proper diagnosis an expert doctor is needed.

It is important to understand: cancer can spread by metastasation, but a true BCC does not do this.

Squamous cell carcinoma (SCC)

Mainly SSCs are found in sun exposed skin areas of elderly people. They can occur on forehead, ears, cheeks, lower lip, neck, back of the hands, in skin folds or on mucous membranes and elsewhere. An SCC is less common than a BCC, about 20% of it only, but it is similar in how it looks and how it grows.

In most cases it develops from premalignant skin changes that are existing over a long period of time, like actinic keratoses or a leukoplakia.

SCC often starts as an irritated scaly spot or sore that gradually grows bigger and sometimes forms a little node or wart.

A less aggressive form is Keratoakanthoma.

Squamous cell carcinoma on the lower lip is known to grow with a more aggressive behaviour. Smoking is a risk factor for SCC on the lower lip.

Predominantly in persons with reduced immune response e.g. in organ transplant recipients SCCs are growing more aggressive.

SCCs are sometimes not easy to distinguish from age warts, so for proper diagnosis an expert doctor is needed.

In some cases of SCCs metastasation may occur.