Squamous cell carcinoma is considered a nonmelanoma skin cancer. It most frequently arises in sun-exposed areas, but also can arise on mucous membranes with squamous epithelium. Risk factors for development of squamous cell cancer include ultraviolet radiation exposure; radiation exposure; history of organ transplant on immunosuppressive medications; cigarette smoking; areas associated with chronic inflammation (eg, chronic stasis ulcer and burn scars); and skin of a fair complexion. Metastasis can occur and does so most frequently in cancers located on the lower lip, cancers arising in areas of chronic inflammation and in sites of radiation, and large cancers. Radiation exposure is associated with development of nonmelanoma skin cancer in the site of radiation. This usually does not occur until 5 to 10 years after the radiation exposure.

Biopsy of squamous cell carcinoma will reveal a combination of tumor masses that invade the dermis composed of atypical squamous cells and normal squamous cells. Tumor severity is proportional to the ratio of atypical vs typical squamous cells. Treatment for squamous cell carcinoma is dependent on the severity of malignancy, site of the tumor, and the age and health of the patient. Treatment options include excision, Mohs’ surgery, and radiation treatment. In the instance of a metastatic tumor, a patient may require chemotherapy. All patients should continue monthly self-skin examinations to ensure there has been no development of new cancers and/or recurrence of the current cancer. In addition, patients should follow protective measures, observe “smart sun hours,” and continue with regular visits to the dermatologist.

References