

# Squamous cell carcinoma of the left temporal region

*Albinas Gervickas, Raimundas Golubevas, Alvydas Gleiznys*

## SUMMARY

Clinical case is about squamous cell carcinoma in region of face and head. Patient was diagnosed with 6-7 cm tumor in region of temple in the left side of the face. Patient took his first medical advice after 8 years then he felt first symptoms. After full examination of a patient there was decided to eradicate the tumor radically and reconstruct the defect primarily with skin graft. In a three months after the operation good esthetic effect is visible. Patient was send to a local doctor for a regular observation because of possible recurrence. No data of recurrence, during two years of regular observation, was given.

**Key words:** squamous cell carcinoma, soft tissue neoplasms, skin grafting.

## INTRODUCTION

Growth of sickness rate of skin cancer is very high all over the world [2, 3]. Every year in Lithuania there are ~1800 of new skin cancer cases. Women get skin cancer more frequently than men. Compare to other illnesses skin cancer for men is in first position after lungs and prostate cancer, for women skin cancer is in second position after breast cancer [4]. Usually skin tumors are divided to malignant and nonmalignant (benign tumors). Malignant tumors are (skin cancer):

1. Basal cell carcinoma (~75%);
2. Squamous cell carcinoma SSC (~20%);
3. Malignant Melanoma (~5%) [5];

The main factors, what causes skin cancer and malignant tumors is direct affection of the sun, boundless staying in the sun, pigment type of the skin, sex, age, geographical situation (close to equator), chemical cancerous materials [6-13].

Squamous cell carcinoma is a malignant epithelial tumor which originates in epidermis, squamous mucosa or areas of squamous metaplasia. SSC is more aggressive, usually it has invasion in to deeper skin lamella, metastases in to other organs and structures [1]. In the beginning of the illness there

can be seen small, red color, scurfy spots with non-painful surface. Later, these spots can become in to bleeding ulcers. This kind of tumors (squamous cell carcinoma) can be treated in 95 cases of 100, but it has to diagnosed in the early stage of illness [14]. All kind of skin cancers is been diagnosed by carrying out cytological and histological tests, it has to be done as soon as it is possible, because it causes better prognoses.

## CLINICAL CASE

Patient: 64 year old white man was referred to our service with a history of a progressively growing left temporal painless tumor for the last 8 years. Clinical examination revealed a hard non mobile 6-7cm bleeding tumor in the left temporal region (Fig. 1).

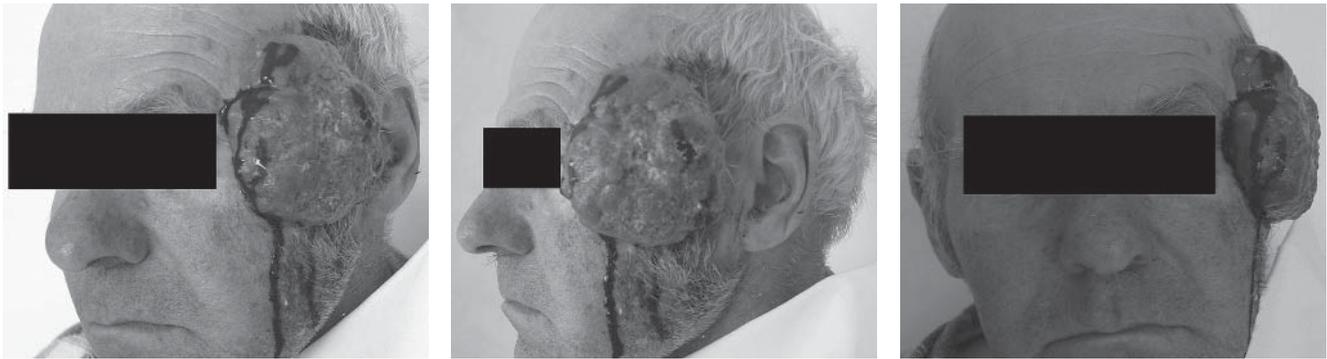
According to the anamnesis, the patient started to complain about his condition eight years ago, he developed a minor skin lesion on the left temporal region which was not cured. Three years later, a tumor started to grow on the same spot. Until first appointment at the outpatient clinic, the tumor grew up to the size of 6-7 cm. The patient was declining any medical help from fear of pain.

Because of this ailment patient was hospitalized in to Department of oral and maxillofacial surgery, University of Health Science, Kaunas clinics. A CT scan study of the head showed an additional derivative of size 6-7 cm in the temporal region of the left side. With these findings, biopsy was performed for histological analysis. Received results of the histological test revealed a squamous cell carcinoma.

*\*Department of oral and maxillofacial surgery, Kaunas Clinic, Lithuanian University of Health Science, Kaunas, Lithuania*

*Albinas Gervickas\* – D.D.S., PhD, assoc. prof.  
Raimundas Golubevas\* – D.D.S., resident student  
Alvydas Gleiznys\* – D.D.S., PhD, assoc. prof.*

*Address correspondence to Dr. R. Golubevas, Department of oral and maxillofacial surgery, Kaunas Clinic, Eiveniu 2, LT-50028 Kaunas, Lithuania.  
E-mail address: raimis.go@gmail.com*



**Fig. 1.** View before operation



**Fig. 2.** Removed tumor



**Fig. 3.** Skin graft

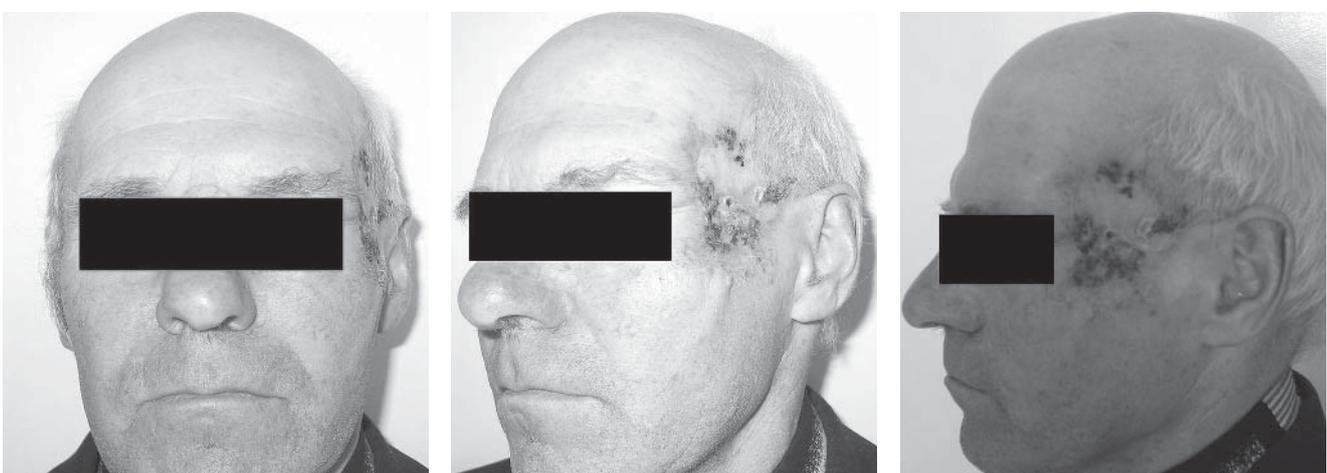
In the findings of histological test there was indicated that extension of the tumor is not reaching the resection margins. Tumor was removed radically. The immediate postoperative period was uneventful. After three months the skin graft is been totally healed (in some places still covered by scab), the esthetic appearance of the patient is satisfactory, and there are no signs of tumor recurrence (Fig 4).

Surgical excision and primary reconstruction were planned for treatment. The patient underwent tumor excision through a radial incision around the tumor. Excision was performed with safety margins of 1 cm healthy tissue (Fig. 2).

After removal a soft tissues defect comprised the skin, fascia and fat tissue. Clinically, temporal muscle was intact (Fig. 3). The planned reconstruction included covering defect with split skin graft (Thiersch graft) [15]. Frontal surface of thigh was selected as donor region. During operation, no significant blood loss was observed.

**DISCUSSION AND CONCLUSIONS**

Squamous cell carcinoma diagnosed in its early stage and still not extended, in comparison, can be treated easily [16]. However, if the illness is diagnosed later or the patient will delay to take medical advice, it can result in non-effective treatment and more frequent recurrence. Metastases in lymph nodes causes higher risk of death rate, however if there is aimed a combined surgical and radiation treatment, possibility of lasting alive in next 5 year is can be reached up to 75 cases of 100 [17]. If the metastases



**Fig. 4.** View before operation

have extension to the lungs surgical treatment is non-effective. However, after the surgical treatment, in case of non-extended squamous cell carcinoma, there is a possibility of 40% for the appearance of recurrences in next two years. Patients, who is in the list

of higher risk of possible appearance of recurrences has to take tests in every 3-6 months in first two years after the diagnose and treatment. During two years of regular observation of our patient, no data of recurrences was given by local doctors.

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