

Skin Cancer

Skin cancers are among the most common human malignancies. Aging, genetics, sun exposure, and other types of environmental elements all play a role in the development of these lesions. Basal Cell Carcinoma (BCCA) comprises about 75 percent of skin cancers, while Squamous Cell Carcinoma (SCCA) comprises 20 percent, and Melanoma about five percent of skin malignancies. Any non-healing ulcer or gradually enlarging skin lesion should be considered for excision. Other warning signs include raised edges, crusting, variable pigmentation, pearly appearance, irregular borders, pain, ulceration, bleeding, pruritis, or continued growth.

Basal Cell and Squamous Cell

These skin cancers are typically slow growing and curable with complete excision. Squamous Cell Carcinoma may be somewhat more aggressive, and, in some cases, show lymphatic invasion. Both types of tumors can be locally invasive and disfiguring if allowed to grow untreated. Suspicious lesions should be biopsied via incisional or excisional biopsy, depending on the lesion size and location.

Once the diagnosis is made, treatment generally consists of complete excision of the lesion. In many cases, documentation of complete excision requires a number of frozen sections for evaluation of the margins. In some cases several repeated stages may be required to obtain completely clear margins. Once the lesion is surgically removed, the defect is repaired. Often this is a straight forward skin closure. In some cases where the defect is large or involves critical tissues such as the nose, lips or eyelids, a complex reconstructive procedure may be required to close the defect.



Melanoma

Melanoma is an aggressive malignancy that often metastasizes and requires a more involved treatment approach. The treatment plan depends on the depth of the lesion (Clarks level and Breslow thickness), size and location of the lesion, and the clinical status of the lymph nodes. Generally, a wide excision is indicated and reconstruction of the defect is needed. Depending on the clinical situation, sentinel node biopsy or radical node dissection may also be indicated.

Reconstruction

The physicians of Northland Plastic Surgery are available for initial biopsy and treatment of suspicious lesions, the definitive treatment of lesions biopsied as positive, and the reconstruction of defects resulting from the completed excision of lesions. In most cases we are able to provide complete excision and reconstruction during the same surgery.



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CANDY'S *Story*

Candy presented with a large lesion on the dorsal aspect of her nose. This lesion proved to be basal cell carcinoma. She underwent excision with frozen section biopsies of the margins. Complete removal of the tumor required removal of a large portion of the nasal skin. Reconstruction required a two-stage procedure, turning a flap of skin from the forehead down to resurface the nose.

"My experiences at Northland Plastic Surgery have been very positive. They have gone above and beyond to make sure I always receive the necessary treatments." ~Candy