

## SKIN CANCER ABOUT A CLINICAL CASE, IMPORTANCE OF EDUCATION FOR ITS PREVENTION

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### *Abstract*

Skin cancer is one of the most common types of cancer worldwide. It affects people of all ages, genders and ethnicities. However, the good news is that most cases of skin cancer are preventable and treatable if caught early. Education and prevention are critical to reducing the risk of developing skin cancer and improving people's quality of life. Below is a case study of a 35-year-old patient who was diagnosed with squamous cell carcinoma, a type of skin cancer that can spread if not treated properly. The dermatologist recommended surgery to remove the tumor, which proved successful. After surgery, the importance of prevention and how to reduce the risk of developing another squamous cell carcinoma was emphasized. It was recommended to limit sun exposure, wear protective clothing, hats and sunglasses, and apply broad-spectrum sunscreen with an SPF of 50 or higher. Regular skin self-exams and follow-up appointments were also advised. This case demonstrates the importance of prevention in skin cancer and the need to take measures to reduce the risk of developing this type of cancer.

Keywords: skin cancer, education, prevention, sunscreen.

## INTRODUCTION

Skin cancer is one of the most common types of cancer worldwide. It affects people of all ages, genders and ethnicities. However, the good news is that most cases of skin cancer are preventable and treatable if caught early. Education and prevention are key to reducing the risk of developing skin cancer and improving people's quality of life (1).

Skin cancer education is essential for people to understand the risks and risk factors associated with sun exposure. Excessive sun exposure is the leading cause of skin cancer. The sun's ultraviolet (UV) rays damage skin cells and can cause genetic mutations that can lead to the formation of tumors (2).

Skin cancer education should begin in primary school and continue in secondary and higher education. Educational programs should include information about the different types of skin cancer, how to detect them, how to prevent them, and how to treat them. Students should also learn about different skin types and how to protect themselves from the sun according to their skin type (3).

It is essential that people know how to protect themselves from the sun to prevent skin cancer. Sun exposure should be limited, especially during peak sunshine hours, which are usually between 10:00 and 16:00. People should wear protective clothing, such as long-sleeved shirts, long pants, and wide-brimmed hats. They should also use sunscreen with a sun protection factor (SPF) of at least 30 and apply it generously and frequently (4).

In addition to education, skin cancer prevention should also include regular skin exams. People should examine their skin regularly for any changes in spots, moles, or freckles. If they notice any changes, they should consult a dermatologist as soon as possible. Dermatologists should also perform regular skin exams to detect any signs of skin cancer at an early stage (5).

In conclusion, education and prevention are essential to reduce the risk of developing skin cancer and improve people's quality of life. Skin cancer education should begin in elementary school and continue into secondary and higher education. People should know the risks and risk factors associated with sun exposure and how to protect themselves from the sun to prevent skin cancer. It is also essential to have regular skin examinations to detect any signs of skin cancer at an early stage. With proper education and prevention, we can reduce the incidence of skin cancer and improve people's health and well-being (6).

## TIMELINE

The 35-year-old patient, cutaneous phototype II, comes to the consultation for presenting an ulcerated lesion for about 1 year of evolution. Which began with a trauma to the right clavicular level,

causing a small bleeding wound which was increasing in size was accompanied by slight stinging. The patient reports that he self-medicated with different creams purchased in a pharmacy with which he did not improve. He goes to the consultation since the injury is large and interferes with his routine activities.

#### PATIENT INFORMATION

A 35-year-old male patient of merchant marine occupation, with a history of rheumatoid arthritis treated with methotrexate 5 mg weekly and prednisone 5 mg daily, consumer of 2 boxes of cigarettes per day, allergic to penicillin.

##### 1. PHYSICAL EXAM

Blood pressure: 120/80 mmHg – Heart rate: 64 per minute – Respiratory rate: 18 per minute - WEIGHT: 74 Kg- Height: 1.60 cm.

Dermatological Examination:

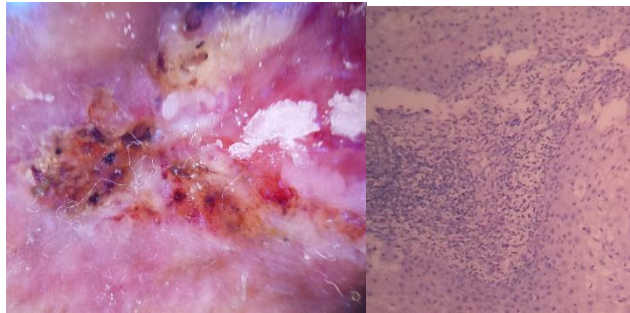
Skin phototype II

Type of lesion: clean bottom ulcer With raised violet edges, with necrotic areas, crusts, perilesional erythema and telangiectasias. At the lower level of the lesion and at the center fibrinoid tissue with serous exudation.

Location: It is located in the right clavicular region extended at supra and infraclavicular level of 11 cm of extension and 4 cm of width in a linear way, with the appearance of a melon slice. (PHOTO 1 AND 2)

Distribution: localized, no lymphadenopathy is palpable.





## 2. DIAGNOSTIC EVALUATION: COMPLEMENTARY TESTS:

Routine complementary laboratory, serology and normal imaging tests.

Dermoscopy: an ulcerated lesion with a clean background was observed, at the level of the edges of the lesion glomerular vessels, white halo around the vessels, hemorrhagic points, keratin points, rosettes and yellowish areas that form a multicomponent pattern were observed. (PHOTO 3 AND 4)

SKIN BIOPSY: a well-differentiated ulcerated squamous cell carcinoma was reported, infiltrating up to the middle third of the reticular dermis with moderate chronic peritumoral inflammatory infiltrate. (PHOTO 5)

## 3. THERAPEUTIC INTERVENTION

The treatment initially consisted of performing an incisional biopsy, to establish the definitive diagnosis and in this way it was possible to address a wide surgery that allowed complete exceresis and with adequate margins of 1cm free of the lesion.

The importance of using a sunscreen with SPF plus 50 was indicated, use at least 3 to 4 times a day, a consultation was given to keep track of the patient's evolution in which we repeated complementary tests and performed a total inspection of the patient. We advise a monthly self-examination and if you notice any injury go to the doctor.

## 4. MONITORING AND THERAPEUTIC RESPONSE

After 4 weeks of surgical treatment, he presented an adequate evolution in healing and no new lesions were evident.

## DISCUSSION

Skin cancer, in particular squamous cell carcinoma, is a public health problem worldwide (7). Although it is more common in older people, it also affects younger people, as in our case presented that also presents several factors to develop skin cancer such as skin phototype, occupation, history of rheumatoid arthritis and medication taken. Squamous cell carcinoma is a type of cancer that originates in the cells

of the epidermis and can spread to other tissues in the body if not treated properly. For this reason, education and prevention are essential to reduce the risk of developing this disease (8).

Education about squamous cell carcinoma should begin in primary school and continue in secondary and higher education (9). Educational programs should include information about the different types of skin cancer, how to detect them, and how to prevent them (10). People should know how to identify the signs and symptoms of squamous cell carcinoma, such as irregular skin lesions or spots, and how to perform regular skin self-exams. In addition, it is important to inform people about risk factors associated with squamous cell carcinoma, such as unprotected sun exposure, fair skin, radiation exposure, and family history of skin cancer (11).

Prevention of squamous cell carcinoma involves taking steps to reduce exposure to UV radiation from the sun and other risk factors (12). Prevention methods include limiting sun exposure during the hours of the day when it is strongest (between 10 a.m. and 4 p.m.), wearing protective clothing, hats, and sunglasses, and applying broad-spectrum sunscreen with an SPF of 30 or higher. In addition, the use of tanning beds should be avoided, as they also increase the risk of skin cancer (13).

Importantly, education and prevention should not only focus on adults, but also on children (14). Children are particularly vulnerable to the damaging effects of the sun because their skin is more delicate and susceptible to sunburn. Education and prevention from an early age can help children adopt healthy habits and learn how to protect their skin from the sun (15).

## **CONCLUSION**

Education and prevention are critical to reducing the risk of developing squamous cell carcinoma, a type of skin cancer. Education should begin in primary school and continue into secondary and higher education, and should include information about the different types of skin cancer, how to detect them, and how to prevent them. Prevention involves limiting exposure to UV radiation from the sun and other risk factors. By taking appropriate prevention and education measures, we can reduce the incidence of squamous cell carcinoma and improve people's health and well-being.

## **PATIENT PERSPECTIVE**

The 35-year-old patient was diagnosed with squamous cell carcinoma, the news was a surprise and a shock. She had never had problems with her skin and didn't know much about the different types of skin cancer.

However, after consulting with her dermatologist and receiving the diagnosis, she knew she needed to take immediate steps to treat the cancer.

Her dermatologist explained that squamous cell carcinoma is a type of skin cancer that can spread to other tissues in the body if not treated properly. He recommended a treatment plan that included surgery to remove the tumor. While he was nervous about surgery and recovery, he knew it was necessary to remove the cancer.

The surgery was successful and the tumor was completely removed. The recovery process was faster than she expected and although there were some minor side effects, her dermatologist assured her that they were normal and would go away soon.

After surgery, her dermatologist talked to her about the importance of prevention and how I can reduce her risk of developing another squamous cell carcinoma. He recommended limiting your sun exposure, wearing protective clothing, hats and sunglasses, and applying broad-spectrum sunscreen with an SPF of 50 or higher. He also advised her to perform regular skin self-exams and schedule follow-up appointments to check on any changes in my skin.

Overall, although the diagnosis of squamous cell carcinoma was a surprise and a frightening experience, he was grateful that it was detected early and successfully treated. His dermatologist and the entire medical team who treated him were very friendly and professional, which made him feel comfortable and confident in the treatment. You are now more aware of the importance of education and prevention and are committed to taking steps to reduce your risk of developing another squamous cell carcinoma in the future.

#### **INFORMED CONSENT**

We have the informed consent of the patient to publish their clinical case.

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