

Struttura Complessa di Dermatologia e Skin Cancer Unit  
I Dipartimento Medico, Arcispedale Santa Maria Nuova, IRCCS  
Reggio Emilia, Italia

# I Carcinomi Cutanei

Dott. Riccardo Pampena

# TUMORI MALIGNI DI DERIVAZIONE EPITELIALE

BASOCELLULARE  
BCC



SQUAMOCELLULARE  
SCC



AKs

Misti

Annessiali



- Merkel
- Altri

# TUMORI MALIGNI DI DERIVAZIONE EPITELIALE

BASOCELLULARE  
BCC



SQUAMOCELLULARE  
SCC



AKs

Misti

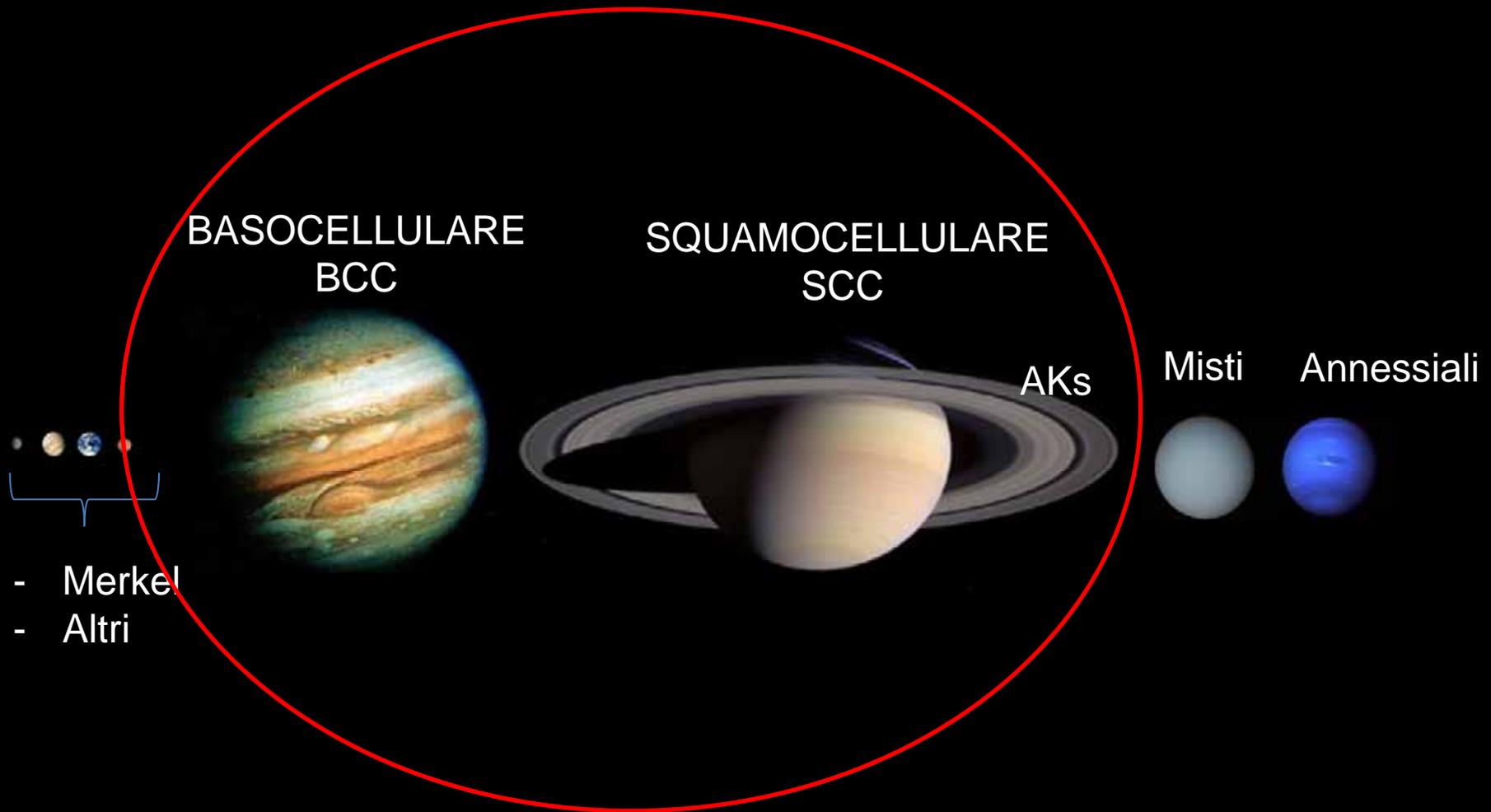
Annessiali



- Merkel
- Altri

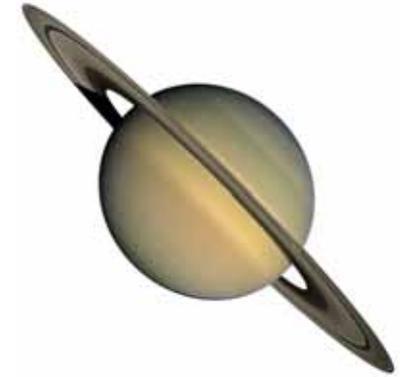
NMSC: Non-Melanoma Skin Cancers

# TUMORI MALIGNI PIU' FREQUENTI





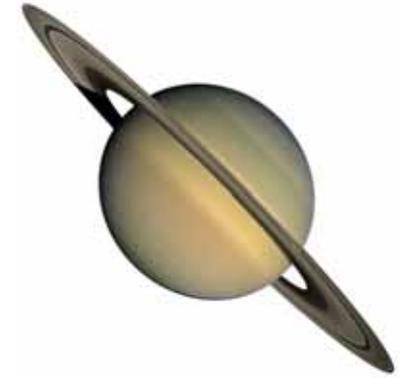
# BCC ed SCC



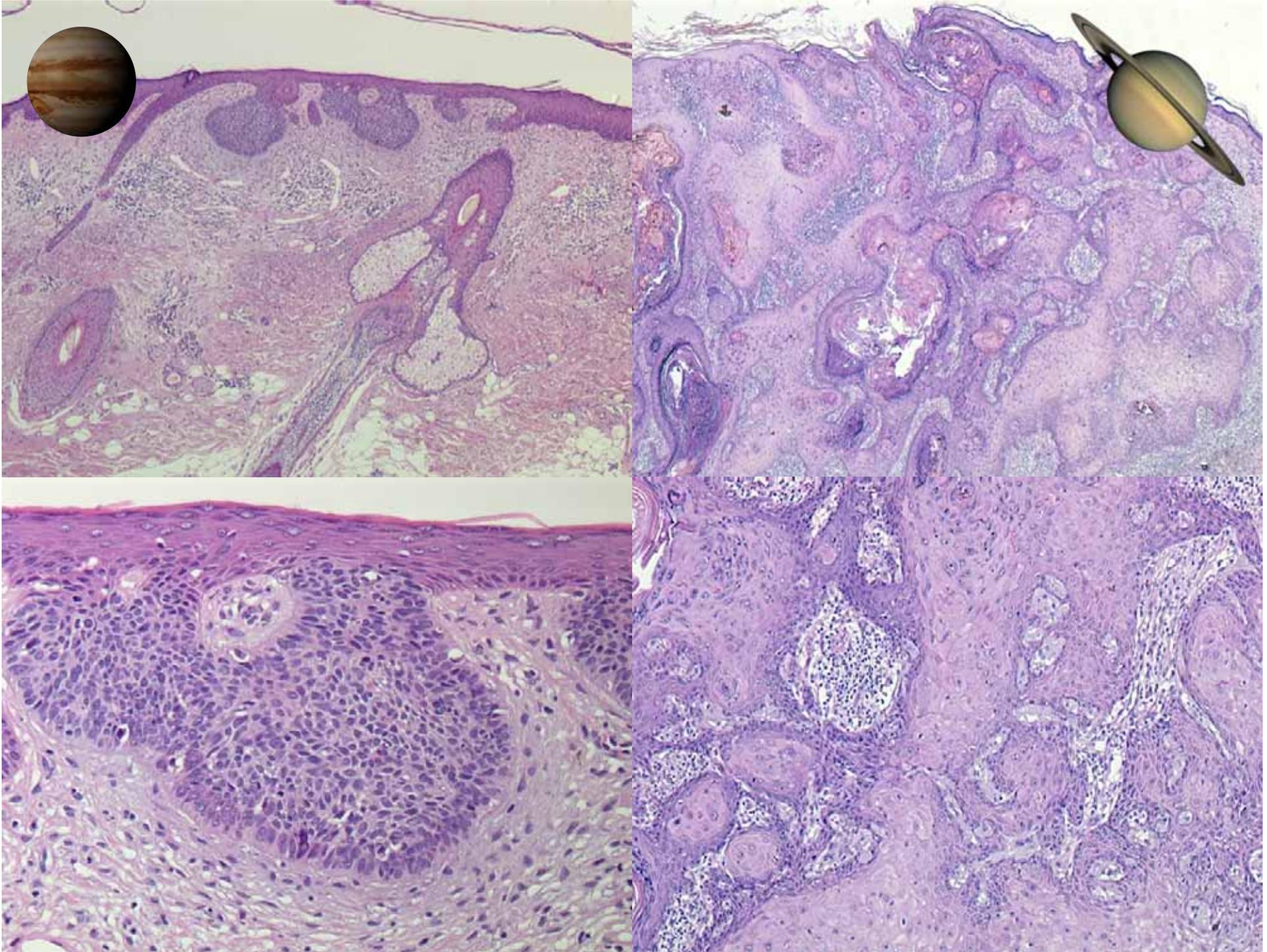
1. Tipologie e Prognosi
2. Fattori di Rischio
3. Come diagnosticarli
4. Come trattarli

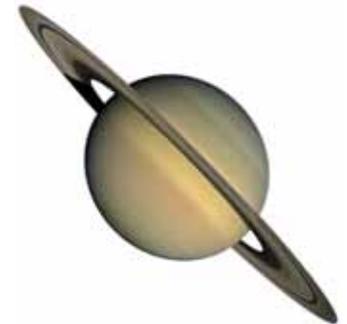
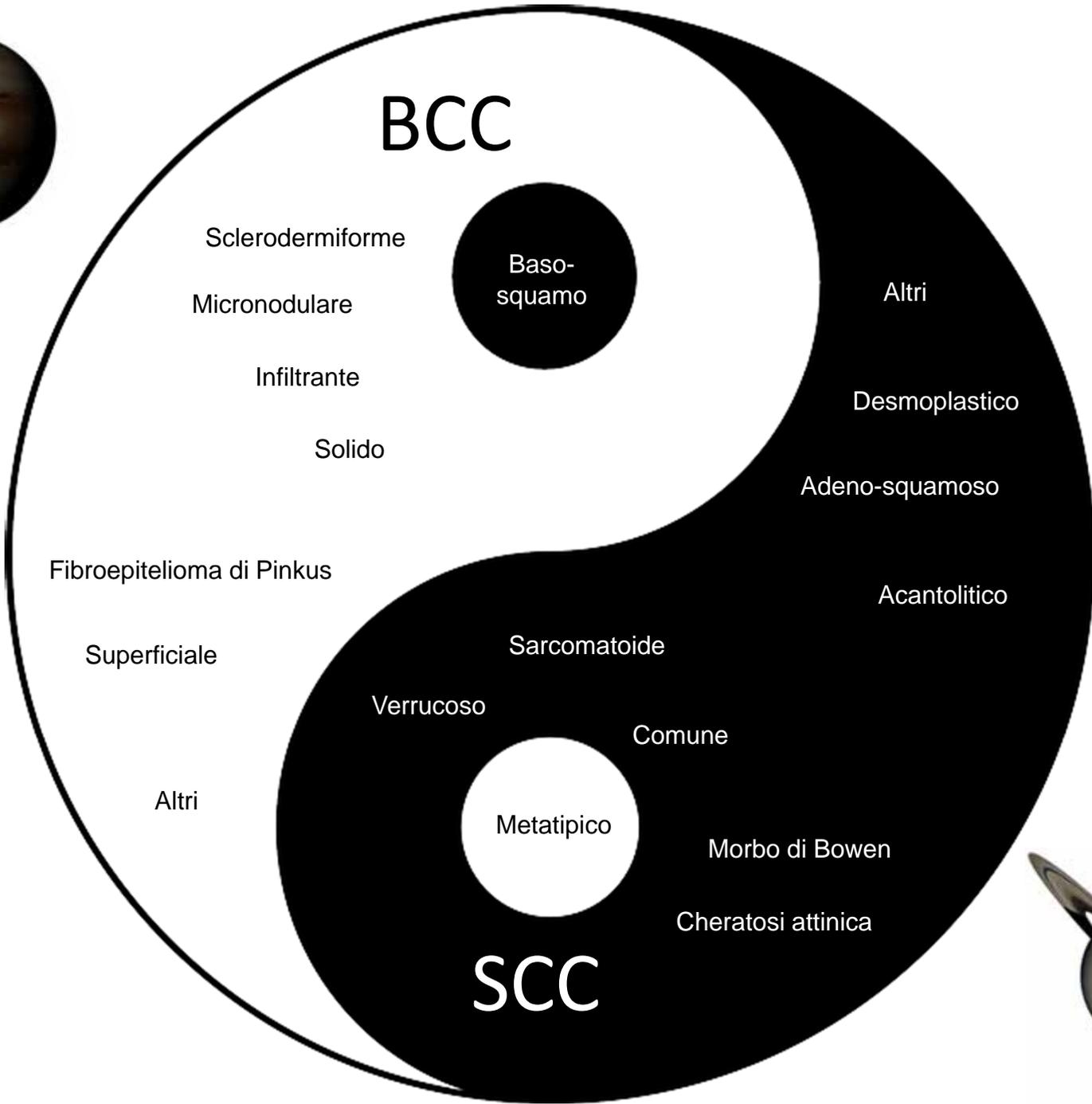


# BCC ed SCC



1. **Tipologie e Prognosi**
2. Fattori di Rischio
3. Come diagnosticarli
4. Come trattarli





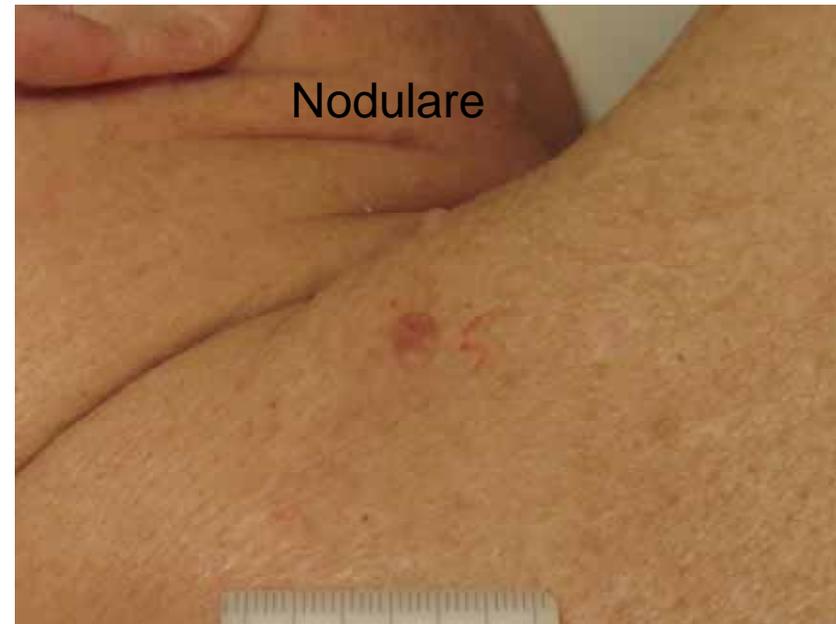
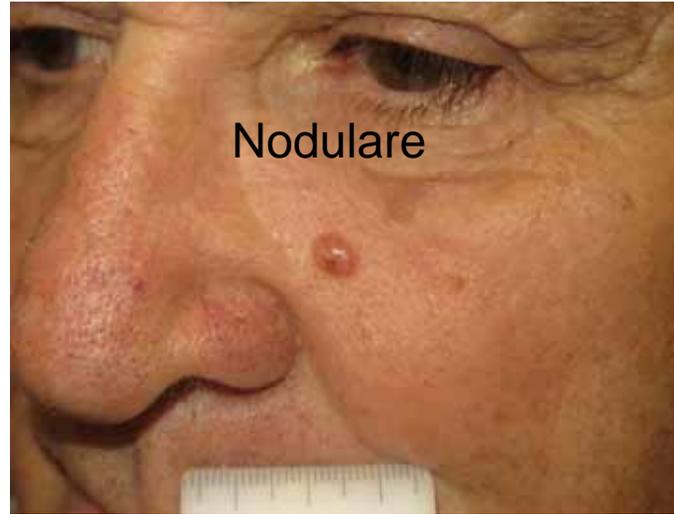


# BCC - CLINICA





# BCC - CLINICA

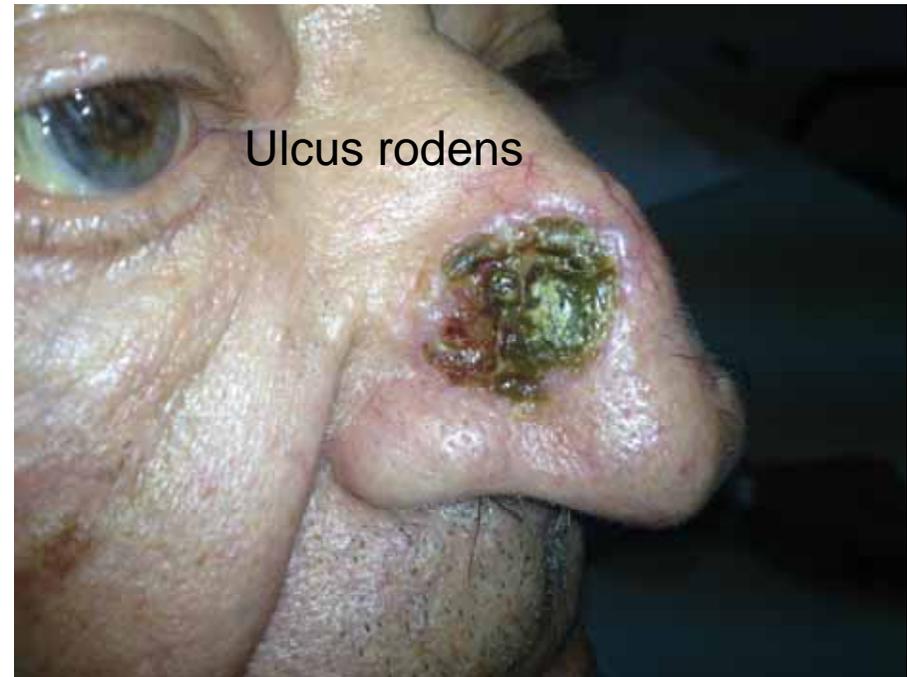




# BCC - CLINICA

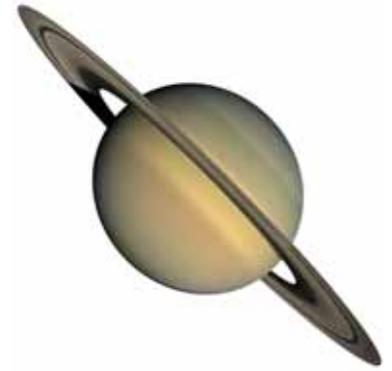


Sclerodermiforme

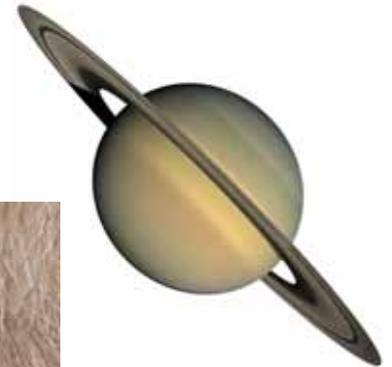


Ulcus rodens

# SCC in situ - CLINICA

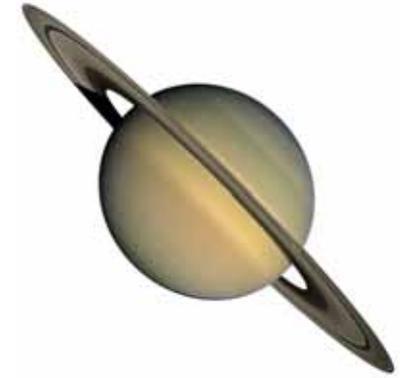


# SCC invasivi - CLINICA





# BCC ed SCC



1. Tipologie e Prognosi
- 2. Fattori di Rischio**
3. Come diagnosticarli
4. Come trattarli

# Fattori di rischio per i tumori cutanei

## 1. Costituzionali:

Fototipo

Storia personale e familiare



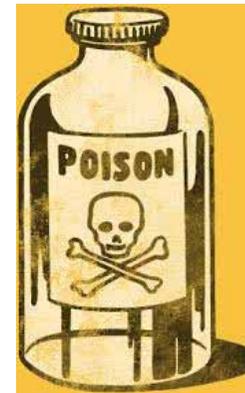
## 2. Ambientali:

Esposizione ai raggi UV

Cancerogeni chimici

Infezioni

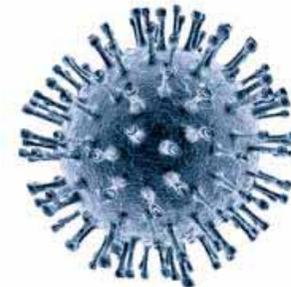
Traumi



## 3. Immunosoppressione:

Post-trapianto d'organo

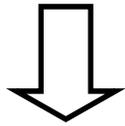
AIDS



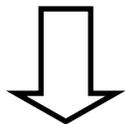
## UVB

280-320 nm

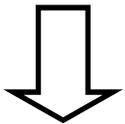
1,5 % luce solare



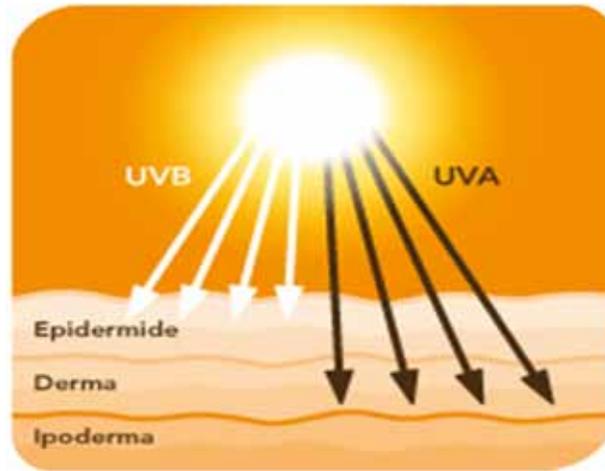
Interazione diretta  
con il DNA



Dimeri di  
pirimidina



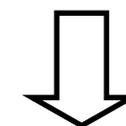
**danno del  
cheratinocita**



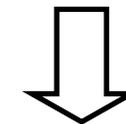
## UVA

320-400 nm

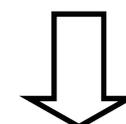
6 % luce solare



Azione indiretta  
attraverso la  
formazione di ROS



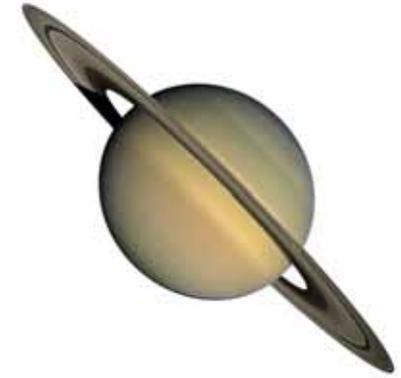
Danno ossidativo  
dermico



**metalloproteinasi  
ed elastosi**

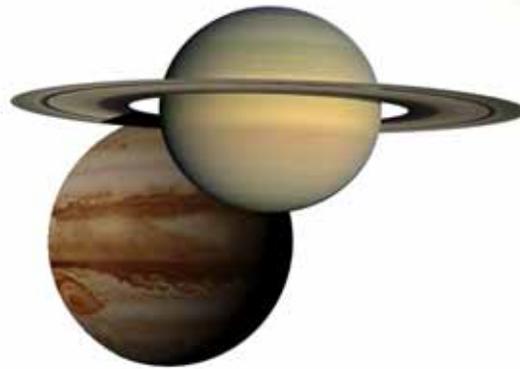


# BCC ed SCC

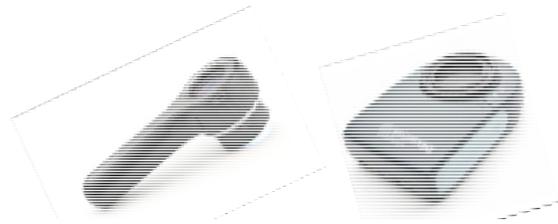


1. Tipologie e Prognosi
2. Fattori di Rischio
- 3. Come diagnosticarli**
4. Come trattarli

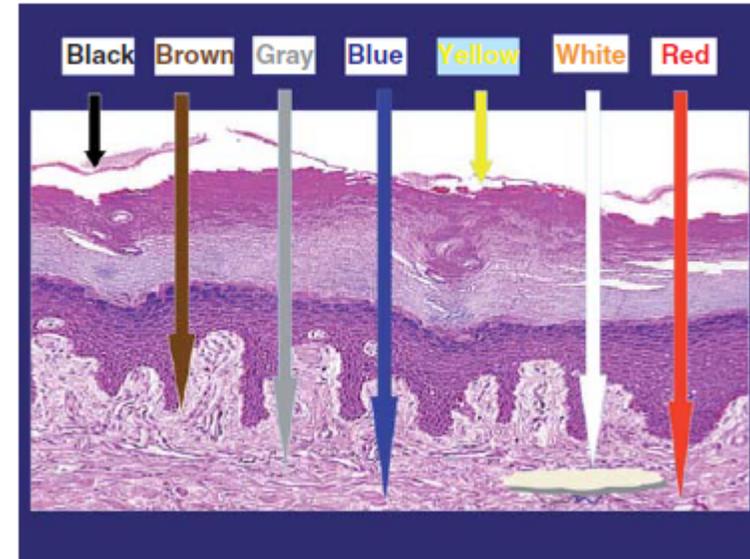
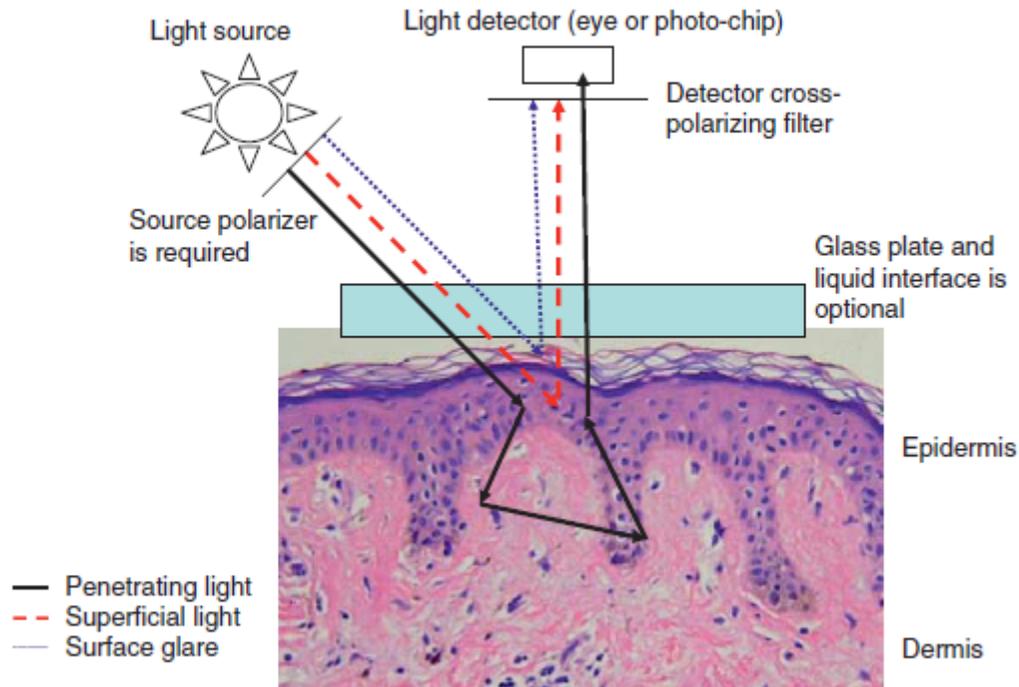
Clinica



Dermoscopia



# Dermoscopy



Eur J Dermatol. 2000 Jan-Feb;10(1):22-8.

## **Clinicopathological correlation of pigmented skin lesions using dermoscopy.**

Soyer HP<sup>1</sup>, Kenet RO, Wolf IH, Kenet BJ, Cerroni L.

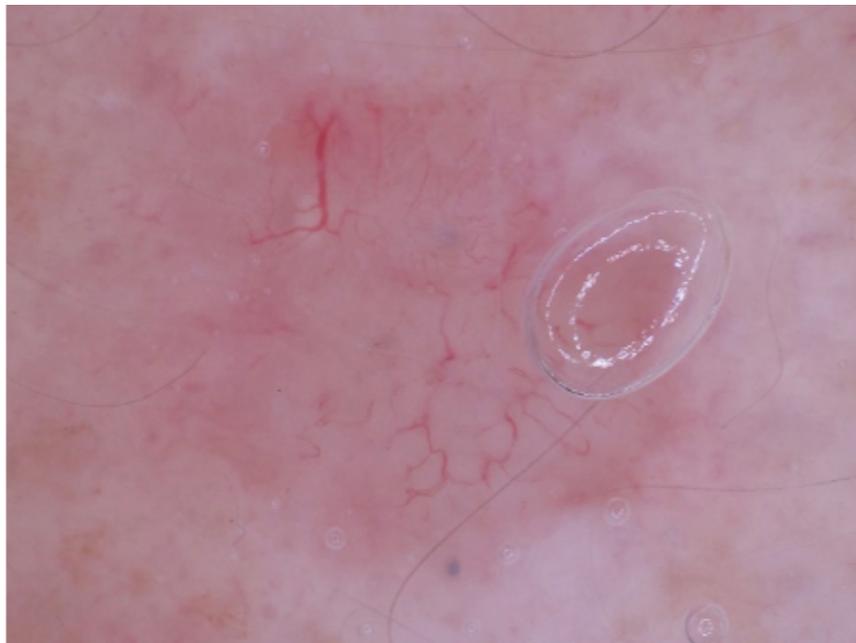
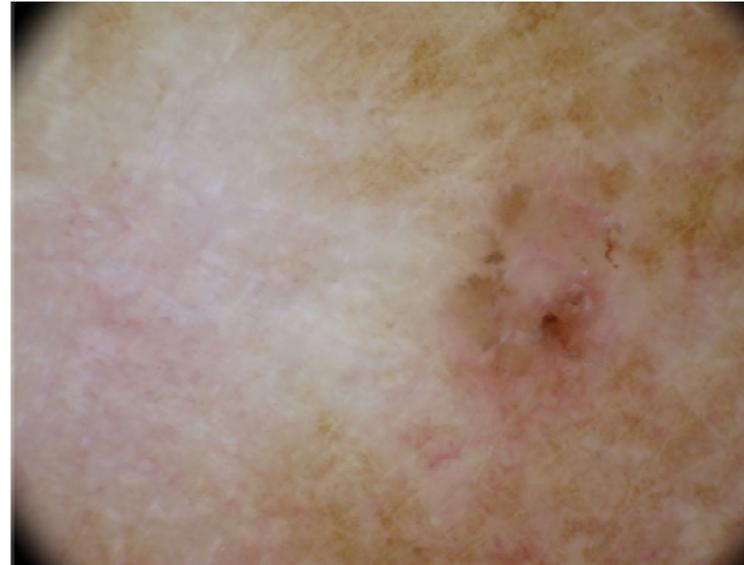


# BCC - CLINICA





# BCC - DERMOSCOPIA





# BCC - CLINICA

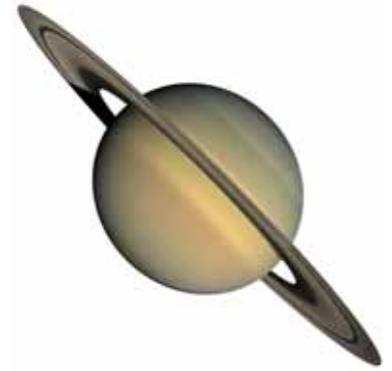




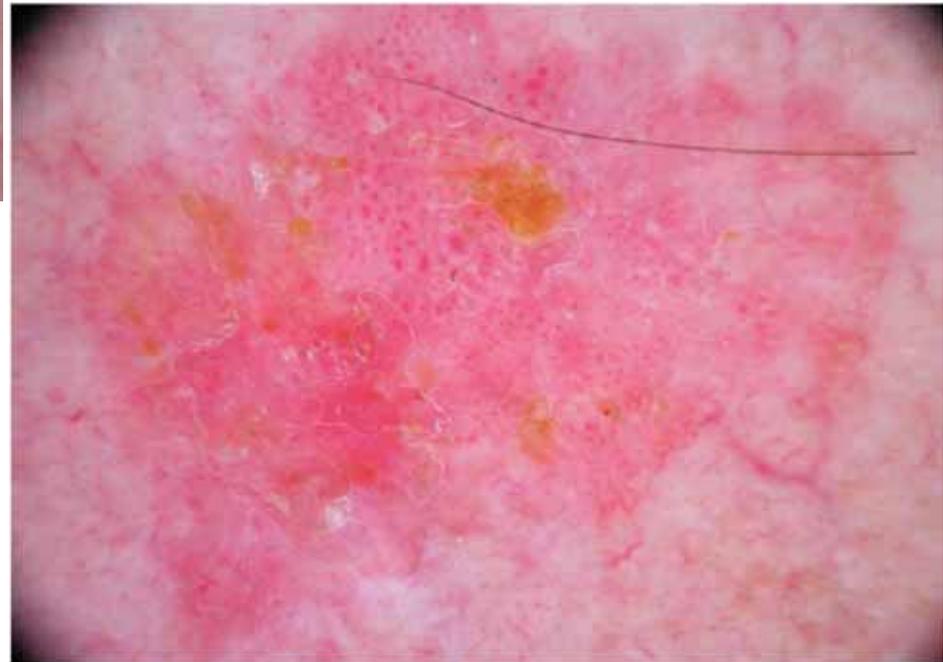
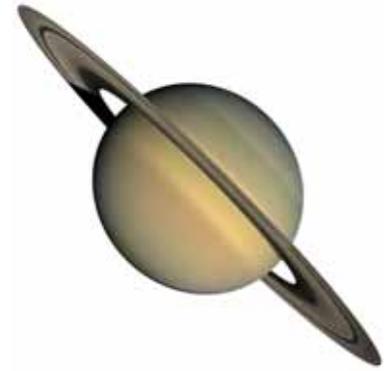
# BCC - DERMOSCOPIA



# SCC in situ - CLINICA



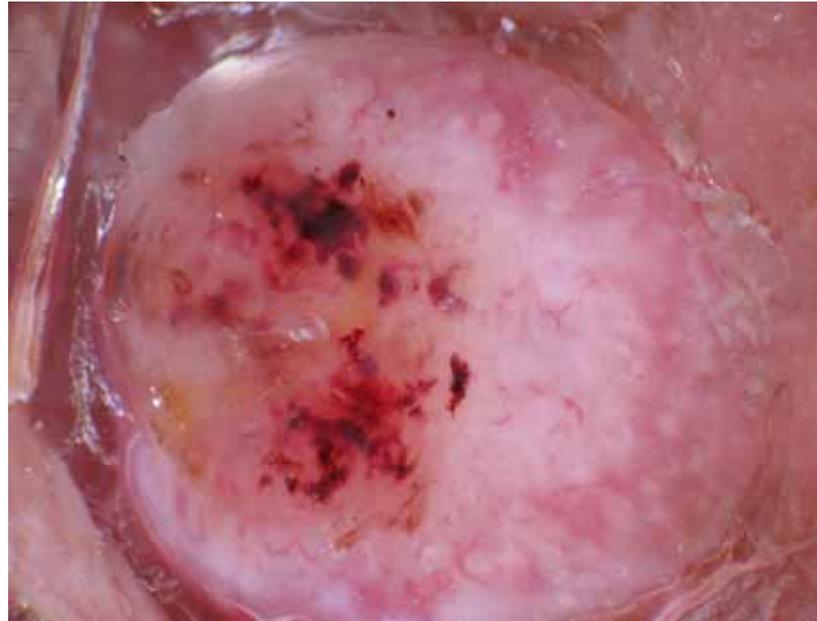
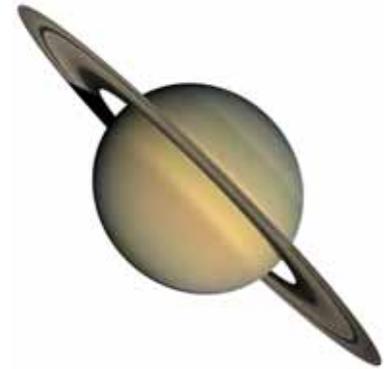
# SCC in situ - CLINICA



# SCC invasivi - CLINICA



# SCC invasivi - CLINICA



white structureless areas and dotted or hairpin vessels →



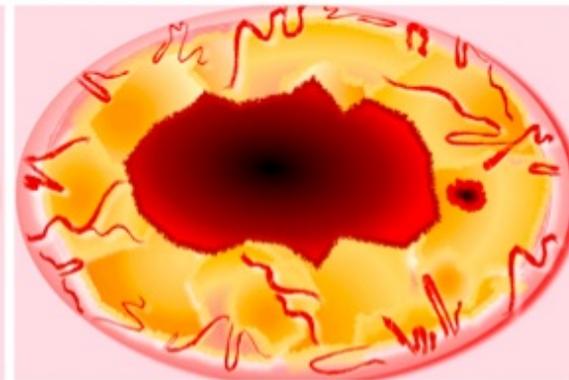
**intraepidermal carcinoma progressing into squamous cell carcinoma**

central mass of keratin and hairpin vessels →



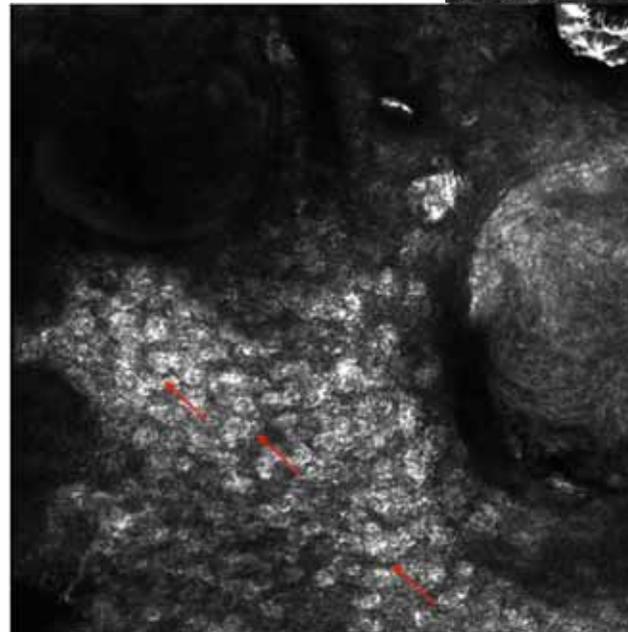
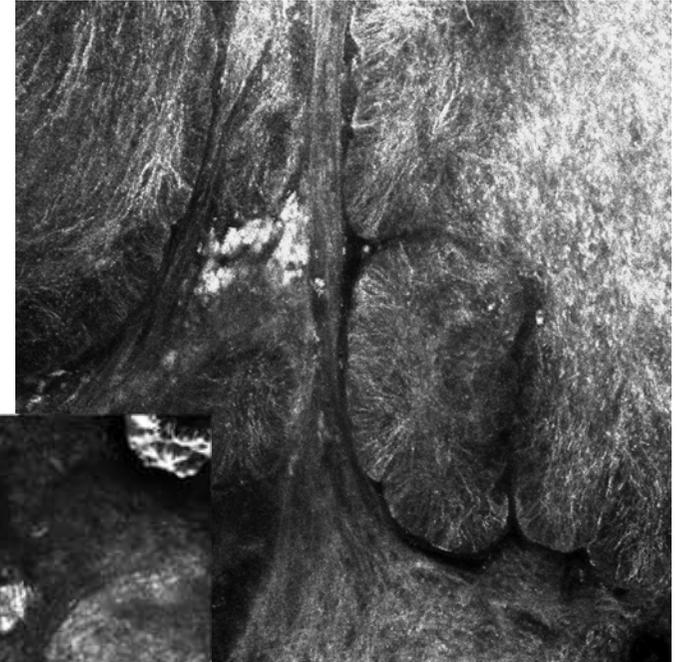
**minimal invasive squamous cell carcinoma**

central mass of keratin, ulceration and linear-irregular vessels



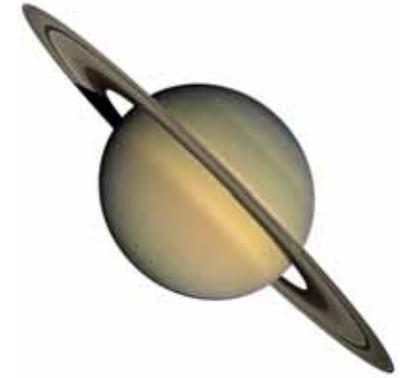
**invasive squamous cell carcinoma**

# In vivo laser confocal microscopy (RCM)





# BCC ed SCC



1. Tipologie e Prognosi
2. Fattori di Rischio
3. Come diagnosticarli
4. Come trattarli

Approccio  
chirurgico

Approccio  
conservativo

Approccio  
chirurgico

Approccio  
conservativo

Chirurgia standard

Chirurgia di Mohs

Quali?

Sistemica

Radioterapia

Topica

# Terapia Sistemica e Radioterapia

1. Vismodegib
2. Cetuximab

## Radioterapia

1. Radioterapia Esterna
2. Brachiterapia
3. Raggi X
4. Particelle: Elettroni

# Terapia Topica



Imiquimod 5% crema



Ingenolo Mebutato

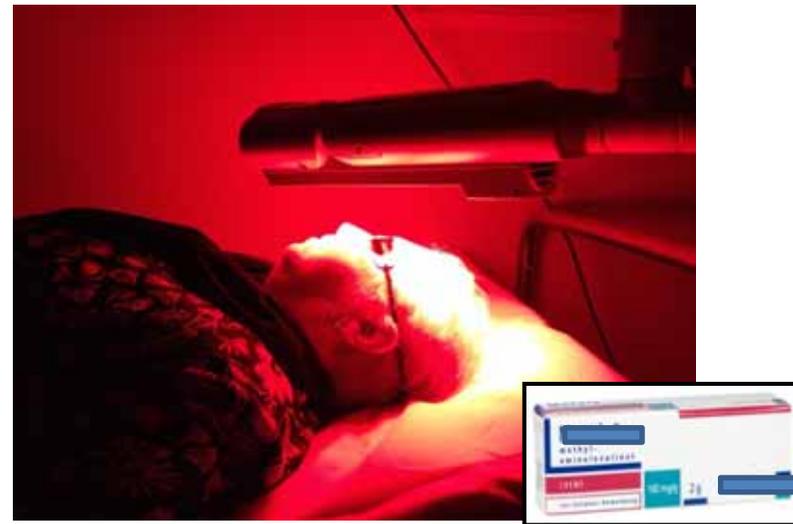
Diclofenac 3%



5-FU

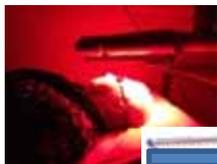


Crioterapia



Fotodinamica

# Terapia Topica



Diclofenac 3%



SCC

AK



1 volta

Bowen

1 x 2 sett

AK

3 gg consecutivi per  
viso e cc  
2 gg consecutivi per  
altre sedi

AK

3 volte a sett  
x 4-8 sett  
Non rimborsato

AK

2 volte al  
giorno x 2-  
3 mesi

AK

1 volta

BCC

Superficial

2 trattamenti  
separati da 7-10  
giorni



Superficial

5 gg consecutivi a  
sett x 6 sett



Superficial

Struttura Complessa di Dermatologia e Skin Cancer Unit  
I Dipartimento Medico, Arcispedale Santa Maria Nuova, IRCCS  
Reggio Emilia, Italia

# I Carcinomi Cutanei

Dott. Riccardo Pampena

Approccio  
chirurgico

Approccio  
conservativo

Chirurgia standard

Chirurgia di Mohs

Sistemica

Radioterapia

Topica

Quali?

Quando?

Fattori correlati al paziente

Fattori correlati al tumore

## Fattori correlati al paziente

1. Condizioni generali
2. Età
3. Comorbidità
4. Rifiuto delle chirurgia

Chirurgia

Radioterapia

## Fattori correlati al tumore

1. Tipo di tumore
2. Istotipo
3. Grado di differenziazione
4. Stage:
  - Dimensioni
  - Sede
  - Metastasi

Tp topiche