



Pravovremeno otkrivanje i lečenje najčešćih kožnih tumora glave i vrata

Timely Detection and Treatment of the Most Common Skin Tumors of the Head and Neck

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Apstrakt

Odelek za maksilofacijalnu hirurgiju, odeljenje ORL u Opštoj bolnici Kruševac bavi se lečenjem kožnih tumora glave i vrata. Pregledi izabranog lekara nose sa sobom nezaobilazan susret lice u lice sa pacijentom. Jako je važno da se u ovom neformalnom pregledu tumorska promena prepozna i pacijent uputi na dalje lečenje od strane specijaliste maksilofacijalne hirurgije, orl specijaliste i dermatovenerologa. Cilj ovog rada jeste prikaz kliničkih slučajeva radi edukacije medicinskog osoblja o važnosti ranog prepoznavanja kožnih tumora orl i maksilofacijalne regije.

U prezentaciji prikazano je pet slučajeva i to: dva pacijenta sa bazocelularnim karcinomom, pacijentkinja sa planoce-lularnim karcinomom, pacijent sa melanomom i pacijent sa keratoakan-tomom.

Bazocelularni karcinom kože, koji nastaje u epidermu, najčešći je karcinom ljudske populacije, sporo se razvija, lokalno je invazivan i relativno retko daje metastaze. Bazocelularni karcinom kože nastaje oštećenjem keratocitnih ćelija na nivou njihove DNK. Genska predispozicija i oštećenje kože koji nastaju radi povećanog UV zračenja, osnovni su razlozi za nastanak bazocelularnog karcinoma kože. U odnosu na druge karcinome, bazocelularni karcinom ima najmanji potencijal metastaziranja. Iz tog razloga često ćete čuti tvrdnju, i od lekara koji se bave karcinomima, da on nije opasan, zato što ne može da metastazira. Bazocelularni karcinom je potpuno izlečiv u svim slučajevima kada se na vreme dijagnostikuje i leči.

Planocelularni karcinom, po učestalosti javljanja, odmah je posle bazocelularnog karcinoma kože. U ranoj fazi, kada je neinvazivan, potpuno je izlečiv, a u kasnoj fazi, invazivnoj, ima mogućnost metastaziranja u okolna tkiva i unutrašnje organe. Postoji veliki broj različitih, uspešnih tertmana, za planocelularni karcinom kože. U osnovi su to hiruški i nehirurški tertmani.

Melanom je tumor melanocita, ćelija kože odgovornih za stvaranje melanina, pigmenta koji se stvara u koži. U ranoj fazi ćelije tumora nalaze se u najpovršnijim slojevima kože, a vremenom se šire ka dubljim slojevima, limfnim i krvnim sudovima, preko kojih se mogu proširiti do limfnih čvorova i unutrašnjih organa. Lečenje melanoma zavisi od stepena proširenosti bolesti u trenutku otkrivanja (stadijuma bolesti). Najuspešnije lečenje je rano otkrivanje i hiruško uklanjanje melanoma uz histopatološku analizu. Odluku o vrsti lečenja donosi konzilijum lekara, uz saglasnost pacijenta.

Abstract

The Department of Maxillofacial Surgery, ENT Department at the Kruševac General Hospital deals with the treatment of skin tumors of the head and neck. Examinations by the chosen doctor entail an inevitable face-to-face meeting with the patient. It is very important that in this informal examination, the tumor change is recognized and the patient is referred for further treatment by a specialist in maxillofacial surgery, an ear specialist, and a dermatovenerologist. This paper aims to present clinical cases to educate medical staff about the importance of early recognition of skin tumors of the ear, nose, and maxillofacial region.

Five cases were presented in the presentation: two patients with basal cell carcinoma, a patient with squamous cell carcinoma, a patient with melanoma, and a patient with keratoacanthoma.

Basal cell skin cancer, which originates in the epidermis, is the most common in the human population, develops slowly, is locally invasive, and metastasizes relatively rarely. Basal cell skin cancer is caused by damage to keratocyte cells at the level of their DNA. Genetic predisposition and skin damage caused by increased UV radiation are the main reasons for the occurrence of basal cell skin cancer. Compared to other cancers, basal cell carcinoma has the lowest potential for metastasis. For this reason, you will often hear the claim, even from doctors who deal with cancers, that it is not dangerous, because it cannot metastasize. Basal cell carcinoma is completely curable in all cases when it is diagnosed and treated in time.

Squamous cell carcinoma, in terms of frequency of occurrence, is immediately after basal cell carcinoma of the skin. In the early stage, when it is non-invasive, it is completely curable, and in the late stage, invasive, it has the possibility of metastasizing in the surrounding tissues and internal organs. There are several different, successful treatments for squamous cell carcinoma of the skin. They are surgical and non-surgical treatments.

Melanoma is a tumor of melanocytes, skin cells responsible for the production of melanin, the pigment that is produced in the skin. In the early stages, tumor cells are found in the most superficial layers of the skin, and over time they spread to deeper layers, lymphatic and blood vessels, through which they can spread to lymph nodes and internal organs. Melanoma treatment depends on the extent of the disease at the time of detection (disease stage). The most successful treatment is early detection and surgical removal of melanoma with histopathological analysis. The decision on the type of treatment is made by a council of doctors, with the consent of the patient.



Uz blagovremenu dijagnostiku i preoperativnu pripremu, kvalitetnu operativnu tehniku i adekvatnu protokolarnu postoperativnu terapiju, uz savremene medicinske protokole, značajno se može poboljšati i produžiti kvalitet života pacijenta sa navedenim vrstama tumora.

With timely diagnosis and preoperative preparation, high-quality operative technique, and adequate protocol postoperative therapy, along with modern medical protocols, the quality of life of patients with the mentioned types of tumors can be significantly improved and their life expectancy may be increased.