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An Overview of Keratinocyte Carcinoma and Prospective Study on the Accuracy of the Surgeon's Diagnosis of Keratinocyte Carcinoma

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Abstract: This article concerning the rate of accurate diagnosis of keratinocyte carcinoma is reported by experienced surgeons. Keratinocyte carcinoma (KC) has been recently used in order to define basal cell carcinoma and squamous cell carcinoma. Although an histopathologic analysis is standard for diagnosis, clinical diagnosis is still important for the choice of proper treatment. In this prospective study, 204 lesions were excised following clinical pre-diagnosis of keratinocyte carcinoma. The lesions were excised from the proper surgical limit for clinical diagnosis and sent for histopathologic examination. We have seen that we frequently confuse BCC s and SCC s with actinic keratosis. According to these results, we found that our accurate diagnosis rate was 82% for BCC and 78.8% for SCC. When compared with the results in the literature, our accurate diagnosis rate is high. We believe that the gross examination of the lesion should be assessed with details such as age of the patient, sex, profession, and commencement and development of the lesion, as these factors are very useful in achieving a high rate of accuracy in the definitive diagnosis. We consider that accurate clinical pre-diagnosis is very important in the pigmented lesions, since the surgeon will define the excision margin in accordance with this. In the case of wrong pre-diagnosis of benign tumor, the residue tumor risk will increase. These lesions must be assessed by experienced doctors before excision.

Key Words: Malignant skin tumor, basal cell carcinoma, squamous cell carcinoma, keratinocyte carcinoma, clinical diagnosis

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