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**DIAGNOSTIC SIGNS OF MALIGNANT NEGOTIATIONS OF THE SKIN
OF THE EXTERNAL NOSE AND EAR**

Sergiy Puhlik, PhD, Professor

<https://orcid.org/0000-0001-7196-9642>

e-mail:lor@te.net.ua

Olga Titarenko, PhD

<https://orcid.org/0000-0002-6024-0757>

e-mail: otit3333@gmail.com

Odessa National Medical University, Department of Otolaryngology,
Ukraine, Odessa

The problem of diagnosing malignant diseases of the skin of the face and trunk worries many researchers because of the increase the number of patients with malignant neoplasms of the skin, not only of the face, but also of the body in recent years.

Key words: cancer, diagnostics, signs of malignant tumor, external nose, external ear.

Clinically and morphologically, three types of malignant skin tumors are most common. The first two arise from the basal layer of the epidermis - basal cell (BCC) (C44) and squamous cell (SCC) (C44) skin cancer of the face and trunk. These tumors are often combined under the term "non-melanoma skin cancer" (NMSC). And the third is melanoma (M) (C43), which consists of melanocyte cells.

The main point in the differential diagnosis of malignant neoplasms of the skin is their determination by objective signs and subjective clinical symptoms. In recent years, there has been an increase in the number of

superficial epithelial malignant neoplasms of the face and body in all countries of the world.

In recent years, there has been an increase in the number of superficial epithelial malignant neoplasms of the face and body in all countries of the world. Data from world literature shows that the peak incidence of skin cancer occurs at the age of 60-70 years, but data from recent years show its rejuvenation in connection with the spread of prolonged action of exogenous and endogenous factors [1, 2, 3, 4, 5].

According to the National Cancer Registry of Ukraine, more than 20,000 new cases of non-melanoma skin cancer are registered every year. It should be especially emphasized that, practical observations show that the number of patients with tumor-like neoplasms of the skin of various origins has not only remained but also increased in recent years, therefore there is a threat that their morphological structure and clinical course may change under certain conditions [1, 3, 6, 7, 8].

The standardized incidence rate of this pathology in Ukraine among men is 40.6 per 100,000 population and ranks the first place among all malignant neoplasms, and among women it is 49.7 per 100,000 population and it ranks the second place after breast cancer. Of them, almost 70% of non-melanoma skin cancers are patients diagnosed with basal cell skin cancer. Thus, according to the National Cancer Registry of Ukraine, in 2015, 1,362 new cases of malignant neoplasms of the head and neck were registered, and in 2017, 1,373 new cases of malignant neoplasms of the skin were registered. In general, in Ukraine, there are about 100 new cases per 100,000 population [1, 2, 3, 4, 5]. Compared to other regions, 471 cases of NMSC were registered in Odesa in 2020, and 894 cases in Kyiv [4]. As follows, these data testify to the growth of malignant skin formations in Ukraine as a whole. At the same time, the incidence of skin cancer is increasing all over the world. Thus, according

to Schart F.M., Gabbe C., the incidence of skin cancer in Germany among men is second only to lung cancer, and among women to breast cancer and is 93.4 and 55.8 per 100,000 population, respectively [9].

Thus, in Ukraine, as well as throughout the world, we have a steady increase in morbidity rates, in particular, the aging of the population is accompanied by an increase in the total number of skin cancers due to the increase in ultraviolet exposure.

The main increase in the incidence of malignant skin formations is observed at the expense of older age groups, as well as an increase in the volume of diagnostics of their various forms. 5-year survival of patients with malignant skin tumors depends on the stage of spread.

It is known that BCC and SCC consist of abnormal cells of the squamous epithelium of the outer layer of the skin. SCC is divided into four types, which are marked with the letter G and reflect the differentiation of the tumor.

When examining a neoplasm, it is necessary to take into account the diagnostic criteria that are characteristic of a malignant neoplasm: size - more than 6 mm; uneven and blurred and jagged borders of the neoplasm; uneven colors of the affected part (from white to pink-brown or blue-black) and aggressive growth.

All patients with suspicion of malignant skin formations should consult a family doctor, who should know the objective clinical signs in order to make the right decision in the further examination. Therefore, we present the main clinical signs.

So, objectively, in patients with BCC, it looks like a red formation protruding above the surface of the skin, which is covered with scales and has become strong over time. A bleeding ulcer forms in the center of the skin lesion. In patients with BCC, it objectively looks like a yellow scaly

part, with a tender surface, which also bleeds when touched. An ulcer also forms at the site of such a lesion.

Patients complain of itching and changing the size of the neoplasm. From the words of patients, from the beginning, irritation of pink color appears in the form of a flat formation with increased tissue on the periphery. After some time, the irritation changes to a red spot with an open ulcer, which does not heal for more than a month. To confirm the nature of the tumor process, a biopsy, preferably a total one, should be performed, which would allow determining the treatment.

Conclusion. Objective clinical signs and the result of a morphological examination are sufficient to determine a treatment plan for a patient with suspected skin cancer.

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