



ENT CENTRAL

HEAD & NECK SKIN CANCER



DR *Naveed* BASHEETH

EAR, NOSE, THROAT, HEAD & NECK, FACIAL PLASTIC SURGEON

www.skincancersurgeon.co.nz

www.nzskincancer.co.nz

www.entcentral.co.nz

www.drnaveedbasheeth.co.nz

P: 0800 ENT DOC (368 362)

HEAD & NECK SKIN CANCER

Skin cancer affecting the head and neck area, in New Zealand, is a significant health concern due to several contributing factors. Individuals who have fair skin types are more susceptible to ultraviolet (UV) radiation damage. Additionally, the country experiences high levels of UV radiation from the sun, which increases the risk, especially due to the prevalence of outdoor lifestyle. Awareness of the risks is increasing however, especially in New Zealand and Australia, where rates are among the highest worldwide.



Other risk factors for skin cancer in New Zealand include history of sunburns especially during childhood or adolescence; tanning bed exposure; personal or family history; immunosuppressive medications; and age, with older people being more susceptible to the disease. But skin cancer in the head and neck region, as such, can affect people of any age.

A. BASAL CELL CARCINOMA (BCC)

This is the most common type of skin cancer worldwide, accounting for about 80% of all skin cancers, and is particularly common in New Zealand and Australia. It typically develops in areas of the skin that have been exposed to the sun over many years, such as the head (scalp), face (especially around the nose and eyes), ears, neck, and upper torso. BCCs typically develop from abnormal basal cells in the skin's lowest layer and manifest in various ways:

- Slow-growing lesions that are flat, flesh-coloured or brown scar-like
- Often appear as raised, pearly or waxy bumps, or sores that do not heal
- Lesion may bleed easily, or develop a crust or sore that does not heal
- Tumour may grow slowly and steadily, sometimes becoming quite large if left untreated

Typically, slow-growing and localised, BCCs rarely metastasise to other parts of the body but can cause significant local tissue damage if left untreated.

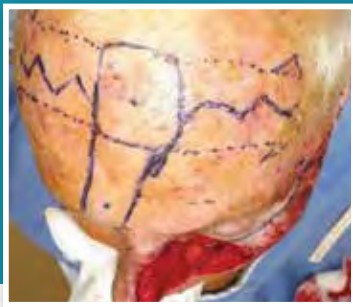


B. SQUAMOUS CELL CARCINOMA (SCC)

SCC is the second most common type of skin cancer, typically developing on the face, ears, lips, scalp and hands where they often present as slowly enlarging ulcers or scabs over months to years. Aside from common risk factors associated with head and neck cancer, SCC can develop over excessive tobacco and alcohol use, particularly for SCCs of the oral cavity and throat. Certain strains of human papillomavirus (HPV), especially HPV type 16, are also associated with SCCs of the oropharynx.

While SCCs typically originate from sun-damaged skin they can appear as various manifestations including small bumps, nodules, crusty spots, ulcers, or persistent sores that do not heal. SCCs have a higher potential to spread to nearby lymph nodes, particularly in areas like the neck.

Depending on the location and size of the tumour, symptoms include persistent sore throat, difficulty swallowing (dysphagia), ear pain, hoarseness, or a lump or mass that can be felt.



C. HEAD & NECK MELANOMA

While less common than BCC and SCC, melanoma is the most dangerous form of skin cancer due to its ability to spread to other parts of the body if not detected and treated early. Arising from melanocytes that produce skin pigment, common sites for head and neck melanoma include the face, scalp, ears, neck, and the mucous membranes inside the mouth and nasal passages. Melanoma may itch, bleed, or become painful as it grows. It can also resemble a non-healing sore or ulcer.



Existing moles or new ones may appear as altered pigmented lesions on the skin, often exhibiting irregular borders, asymmetry, varied colouration, and a diameter larger than a pencil eraser. Any new mole or alteration should get evaluated by a specialist to assess for potential malignancy.



Mucosal Head & Neck Melanoma is a rare variant of melanoma primarily found in the nasal cavity, sinuses, or occasionally in the oral cavity. In oral cavity lesions, occult metastasis rates are approximately 30%, highlighting the importance of Elective Lymph Node Dissection (ELND) for thorough management.

D. MERKEL CELL CARCINOMA

Merkel cell carcinoma (MCC) is a rare but aggressive type of skin cancer that originates from Merkel cells, which are found in the skin's top layer. Merkel cells are involved in the sense of touch. It presents on sun-exposed areas of the head and neck, appearing as firm, painless nodules that may be red, violet or skin-coloured.

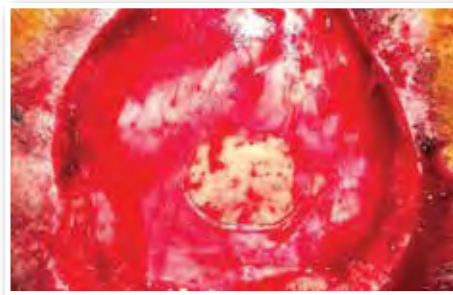


DR NAVEED BASHEETH AND HEAD & NECK SKIN CANCER TREATMENT

Dr Naveed Basheeth rightfully headed the Head and Neck Skin Cancer service at Te Whatu Ora MidCentral Palmerston North Hospital, NZ, with his expertise covering the entire gamut of both **Cancer Surgery** as well as **Aesthetic Surgery**, for optimal results. His specialisation in complex skin cancer surgery encompasses complex flaps, grafts, neo-collagen rejuvenation and complex reconstruction.

Dr Basheeth trains trainees and discusses patients in multidisciplinary meetings that bring together experts from various fields like radiology, oncology and pathology, among others, to review cases comprehensively. These discussions play a crucial role in the management of advanced skin cancers and melanoma. Based on the tumour's aggressiveness and extent, recommendations are made for further treatments such as additional surgery, chemotherapy, targeted therapy, or radiotherapy.

Dr Basheeth, along with the healthcare team, provides personalised guidance on the most appropriate treatment plan based on individual patient needs and cancer characteristics.



DIAGNOSIS OF HEAD & NECK SKIN CANCER

A thorough clinical examination of the skin including inspection of the head, neck, and oral cavity, is crucial for identifying suspicious lesions that reveal the type of head and neck skin cancer along with an elaborate understanding of patient history. In some cases, additional imaging such as CT scans or PET scans may be necessary to determine the extent of spread and guide appropriate treatment strategies.

Typically, following a clinical examination and clinical photography, a biopsy is performed to determine whether a suspicious growth or lesion is cancerous (malignant) or non-cancerous (benign), in order to decide the course of treatment.

Types of biopsies include:

- Excisional Biopsy
- Incisional Biopsy
- Punch Biopsy
- Tangential Shave Excision Biopsy

Dr Naveed Basheeth and his team will then communicate with the patient regarding the biopsy result and the treatment strategy. A decision will be made regarding a suitable time for the patient to have the procedure done. On the day of the procedure, you will be met by Dr Basheeth's nurse assistant and following pre-operative checks, the surgery is done under local anaesthesia with sterile precautions, as a day-case procedure.

SKIN CANCER REMOVAL SURGERY

Surgical excision is the most common treatment for BCC, SCC and localised melanoma.

Dr Naveed Basheeth believes in excising skin cancers with appropriate margins and reconstructing the defect, laying emphasis on form, contour, skin pigmentation, texture and avoiding wound contracture, distortion and related aesthetic problems. The defects are reconstructed with either local flaps or grafts. Dr Basheeth strikes the right balance between passion and competence while solving complex defects with his reconstructive skills.





A **neck dissection** may be performed additionally, to remove affected lymph nodes, while in cases involving the parotid gland near the ear, a **parotidectomy** may also be necessary. Radiation therapy and/or chemotherapy may be used in combination with surgery, especially for advanced or recurrent SCCs. Newer treatments targeting specific molecular pathways or utilising the immune system to fight cancer - **Targeted Therapy and Immunotherapy** - are being investigated for SCCs, especially in cases that are resistant to standard therapies.



For patients with thicker melanoma or those who present high-risk features, a **Sentinel Lymph Node Biopsy (SLNB)** may be performed to determine if cancer has spread to nearby lymph nodes.

Depending on the stage and characteristics of the cancer, supplementary treatments such as immunotherapy, targeted therapy, or radiation therapy may be recommended to reduce the risk of recurrence or to treat metastatic disease. For advanced melanoma that has spread to other parts of the body, palliative treatments may be used to manage symptoms and improve quality of life.

ELECTIVE LYMPH NODE DISSECTION (ELND)

Also known as elective neck dissection, ELND removes lymph nodes in the neck that are at risk of containing cancer cells, even when there is no clinical evidence of lymph node involvement. ELND is commonly used in the management of oral cavity cancers.

The goal is to prevent the spread of cancer to regional lymph nodes and to provide accurate staging information. By removing these lymph nodes electively, based on the tumour's location and characteristics, ELND helps to reduce the risk of cancer recurrence and guides further treatment decisions, such as adjuvant therapy.

INFORMATION FOR PATIENTS

The majority of the skin surgery is done under local anesthesia as a day-case procedure and recovery time varies based on the procedure's complexity.

Emphasis is made on patient comfort by administering adequate local anaesthesia and prescribing pain relief. Clinical photographs are taken before and after the procedure, postoperative instructions are elaborated, and a postoperative pack including an instruction leaflet, prescriptions, and an appointment card is given to the patient.

Particulars of wound care, dressing changes, and suture removal schedules are provided before discharge, and follow-up appointments with the surgeon are arranged to monitor healing progress.



DR *Naveed* BASHEETH

Consultant Otolaryngologist, Head & Neck, Thyroid & Parathyroid, Sialendoscopist, Advanced Facial Plastics, Microvascular & Robotic Surgeon
MBBS, MRCSI, MMedSc, DO-HNS, FEOBOL-HNS, FRCS (ORL-HNS), FGOLF (IFHNOS-MSKCC), CCT (UK&Ireland), IBCFPRS

Fellowships:

Advanced Head and Neck Surgery (Tata Memorial, Mumbai, India and Cambridge University-Addenbrookes-UK)
Advanced Head and Neck Microvascular Reconstruction, Robotic Surgery and Advanced Facial Plastic Surgery (Dalhousie University, Halifax, NS, Canada).

ENT Central, Crest Hospital, Central Healthcare,
Palmerston North, New Zealand

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Private and outsourced referrals can be sent to admin@entcentral.co.nz

For more information, please visit www.skincancersurgeon.co.nz | www.drnaveedbasheeth.co.nz