

**Ministry of health of Ukraine  
Higher state educational establishment of Ukraine  
“Ukrainian medical stomatological academy”**



**«Approved**

At the sitting of the chair of oncology  
The minutes №2 from September 1, 2018.  
Manager of chair of oncology  
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**METHODICAL POINTING  
FOR INDEPENDENT WORK OF STUDENTS  
DURING PREPARATION TO PRACTICAL EMPLOYMENT**

<i>Educational discipline</i>	<i>Oncology</i>
<i>Module №</i>	<i>I</i>
<i>Semantic module №</i>	<i>2</i>
<i>Theme of employment</i>	<b>Cancer of skin</b>
<i>Course</i>	<i>V</i>
<i>Faculty</i>	<i>Medical №1, №2</i>

**Poltava - 2018**

## **THEME OF EMPLOYMENT: "Cancer of skin"**

**Amount of hours** – 2 educational hours.

**Material and methodical providing of theme:** educational room, clinical department, organizationally-methodical department dispensary. Methodical recommendations for students, copies of medical document, stands, tables, tests, tasks.

### **1. Actuality of theme.**

The malignant tumors of skin take second seat in the structure of oncologic morbidity. Approximately 90% all malignant tumors of skin is localized in the area of head and neck. For a skin characteristic three groups of tumors: benign, natively – destruction and malignant. An epidermis, additions of skin and its embryos rudiments, serve as substratum for development of these tumors. By the background of development connecting – tissues tumors there is a mesenchyma.

Most widespread this the cancer of skin. This index hesitates from 36 – 38 on 100 thousands of population (Ukraine, Bulgaria) to 1,9 (England). Friend the malignant tumor of skin is most widespread is a melanoma makes 2 – 3 cases on 100 thousands of population. More frequent in all this pathology meets at men. The tumors of skin attribute to the visual forms, that allows in most patients to diagnose this pathology on the initial stages of development and, even, to find out her during preventive examination. That is why the study and knowledge of oncologic pathology of skin matters very much for students – future doctors of all professions.

### **2. Educational aims.**

To give commons information about the cancer of skin, underlining that this pathology is the visual form of cancer.

#### **To know (and II):**

- Semiotics of tumors of skin.
- Methods of research of tumors of skin.
- Morphological description of malignant new formations of skin.
- Principles of surgical treatment.
- Radial methods of treatment of cancer of skin.

#### **To be able (and III)**

- To take material for morphological research of tumor of skin.
- To appoint the method of treatment adequate to the process.
- To execute the puncture biopsy of lymphonoduss.

### **Practical skills on a theme :**

1. Review, questioning of patients.
2. Palpation and puncture of lymphonoduss.
3. Taking of biopsy, imprints of smear.
4. Puncture of lymphonoduss.
5. Excision biopsy of tumors of skin.
6. Research of smear – imprints from the ulcerous surface of tumor.

### 3. Interdisciplinary integration

(base knowledges, abilities, skills necessary for the study of theme)

Disciplines	To know	To be able
Anatomy	Structure of skin, blood supply, lymph flow.	To own the methods of inspection, to decrypt the clinical analyses, appoint treatment on the first stages and other.
Pathoanatomy	Histological structure of cancer of skin.	
General therapy	Methods of common inspection of patients.	
Oncology	Radial therapy of cancer of skin, chemotherapy.	

#### 3.2. Table of contents of theme.

**Precancerosis diseases.** The precancerosis diseases are divided into obligate and optional. Obligate precancer of skin is pigmental xeroderma and Boven's illness— in general happen rarely. Senile hyperkeratinizations, keratoacanthoma, skinning horn, scars of skin, trophic ulcers and fistul motions, belong to optional precancer, that processes to which the inherent phenomena of atrophy or hypertrophy of epithelium.

**Etiology.** Among factors which draw development of cancer of skin, insolation, protracted contact with chemical carcinogens, thermal burns, radio-active irradiation chronic trauma, takes operating seat.

**Pathoanatomy.** The cancer of skin develops from the basale cell of multilayer flat epithelium of skin. More frequent in all this squamous cell cancer with the cornification or without him. Squamous cell cancer without the cornification is considered less differentiated. Rarer the cancer tumor of skin can develop from and sweats oil-glands. Such tumor has the structure of adenocarcinoma. The cancer of skin metastases by a mainly lymphogenic way.

**Clinic.** The cancer of skin, as well as basalioma, more frequent develops at persons senile years. He is localized mainly on the skin of person. Distinguish superficial, ulcers and papilliferous forms of cancer of skin. The superficial type of cancer of skin shows up at first a small yellow name-plate which comes forward above the surface of skin. Afterwards a dense roller appears on periphery, the edges of tumor become scalloped, and softening influence appears in a center. After some time the ulcer covered by a crust appears in the place of softening influence. The adjoining areas of skin blush, the signs of inflammatory process appear. The bottom of ulcer is covered by necrotizing tape.

**Diagnostics.** Diagnosis of cancer of skin base on information of physical inspection, but necessarily requires morphological confirmation: imprints of smear from an ulcerous surface, aspiration, incision and excision biopsy.

**Differential diagnostics.** It is conducted with lupus, scrofuloderma, syphilis, mycotic defeats and of high qualities tumors.

## **Classification of cancers of skin**

### **TNM Clinical classification**

#### **T is the Primary tumor**

TX not sufficiently information for estimation of primary tumor

T0 Primary tumor does not concerne

Tis Carcinoma in situ

T1 Tumor of to 2 cm in most measuring

T2 Tumor of to 5 cm in most measuring

T3 Tumor over 5 cm in most measuring

T4 Tumor, which germinates in contiguous structures, such, as cartilage, skeletal muscle or bone

**Note:** in the case of plural synchronous tumors a tumor is specified with the greatest category of T, and the number of separate tumors is reflected in handles, for example, T2 (5).

#### **N is the regional lymphatic nodes**

NX not sufficiently information for estimation of the state of regional lymphatic nodes

N0 There are no signs of defeat of regional lymphatic nodes

N1 Present metastases in regional lymphatic nodes

#### **M is the Remote metastases**

MX not sufficiently information for determination of remote metastases

The M0 Remote metastases do not concerne

M1 Present remote metastases.

#### **p TNM pathomorphologic classification**

The categories of pT, pN and pM answer the categories of T, N and M

**pN0** Material for histological research after regional lumphadenctomy must include not less than 6 lymphatic nodes

#### **G is histological gradation**

GX Degree of differentiation can not be certain

G1 High degree of differentiation

G2 Middle degree of differentiation

G3 Low degree of differentiation

G4 Undifferentiated tumor

#### **Grouping after stages**

Stage 0	Tis	N0	M0
Stage I	T1	N0	M0
Stage II	T2	N0	M0
	T3	N0	M0
Stage III	T4	N0	M0
	Any T	N1	M0
Stage IV	Any T	Any N	M1

## **Treatment.**

At the cancer of skin apply surgical, radial and chemotherapy treatment. The choice of method of treatment concerns by the stage of process and his localization. On a trunk, extremities, that subject to the condition “enough” body of skin, more comfortable to apply the surgical methods of treatment. During treatment on face give advantage radial and chemotherapy methods. The row of cases requires the combined treatment.

For the first stage of process the radial method of treatment is most widespread is short-distance radiotherapy. Daily valid for one occasion dose 3-5 gr, at leading to of course dose to 60 – 80 gr. Successfully apply the surgical method of treatment. A beautiful cosmetic effect gives application to cryosurgery.

For the second stage of disease character of medical measures on principle does not differ from those, that is used for the first stage, but the areas of irradiation broaden, and at the surgical method of treatment do a cut considerably farther from the scopes of tumor.

At the third stage of cancer of skin of treatment begins from the preoperative irradiation of tumor and areas of regional metastases with next surgical interference. Presence of increase of regional lymphatic nodes, suspicious on metastases and obvious metastases are required by the leadthrough of lumphodenectomy in a regional area.

At the fourth stage of cancer of skin, to the presence of widespread process to the radial methods of treatment does not come running. In the case of necessity sanitary operations are executed as amputation of extremities, bandaging of arterial vessels in the distance.

Chemotherapy gives a considerably less effect. For treatment apply such preparations: metatrexat, bleomicin, preparations of platinum.

**Prognosis.** In the early stages of development of process prognosis favourable. The complete curing comes in 80 – 100% cases.

## **Melanoma of skin (melanoblastoma)**

The melanoma of skin belongs to the most malignant tumors of man. A tumor develops from pigmental cells (melanocytes). For her characteristic presence of accumulations of pigment of melanin, although the melaniness forms of melanomas happen.

### **Etiology.**

Morbidity is in direct dependence on insolation, sunblisters, radiation influencing trauma pigmental nevuses. Melanohazard is considered precancerosis melanos of skin Dubre's (obligate disease), boundary nevus giant hair pigmental nevus et al. Some researchers consider pigmental nevuses as dynamic educations, able to change during life of man.

### **Pathoanatomy.**

After the microscopic structure select a few types of melanoma of skin:

- fusiform
- cuboidal cell
- spindle cell
- mix cells

At histological research take into account the depth of infiltrate growth of tumor, that matters prognosis important. After **Clarke** (1978) distinguish five levels of invasion:

**1 level** is a tumor is located in an epidermis;

**2 levels** is a tumor germinates basale membrane and infiltration the nipple layer of dermis;

**3 levels** is a tumor achieves the overhead half of the reticulated layer;

**4 levels** is tumor the reticulated layer of skin germinates;

**5 level** is invasion of tumor outside dermis in a fatty subcutis.

**Ways of metastases:** melanoma metastases *by* both *lymphogenic* and hematogenic *way*.

At first metastases appear in regional lymphatic nodes. Hematogenic metastases more frequent in all strike lungs, brain, liver, adrenal glands, bones.

Often enough there are metastases in a skin and fatty subcutis. Three forms of skinning metastases are distinguished (**Rode**, 1968):

- satallite
- erysibiloids
- thromboflebitic

**Classification of melanomas of skin**  
**(codes of MKX – Oh C44; C51.0; C60.9; C63.2)**  
**by system of TNM (5th edition, 1997 year)**

**TNM Clinical classification**

**T is a primary tumor.** The degree of distribution of primary tumor is classified after carving (look determination of categories of pT).

**N is regional lymphatic nodes**

**N<sub>x</sub>** — it is not enough information for estimation of the state of regional lymphatic nodes

**N<sub>0</sub>** — there are no signs of defeat of regional lymphatic nodes

**N<sub>1</sub>** are metastases ≤ 3 cm in most measuring in any of regional lymphatic nodes

**N<sub>2</sub>** are metastases by a size over 3 cm in most measuring in any from regional lymphatic nodes and intermediate metastases

**N<sub>2a</sub>** are metastases by a size over 3 cm in most measuring in any

from regional lymphatic nodes and intermediate metastases

**N<sub>2b</sub>** are intermediate metastases

**N<sub>2c</sub>** are metastases by a size above 3cm in most measuring and intermediate metastases

**M is remote metastases**

**M<sub>x</sub>** — it is not enough information for the exposure of remote metastases

**M<sub>0</sub>** are remote metastases do not concerne

**M<sub>1</sub>** is present remote metastases

**M<sub>1a</sub>** is the defeat of skin or hypodermic basis or lymphatic nodes

after a border the area of drenage of regional lymphatic nodes

**M<sub>1b</sub>** —visceral metastases

## **pTNM photomorphology classification**

**pT is the Primary tumor**

**pTx** — it is not enough information for estimation of primary tumor

**pT<sub>0</sub>** it is a primary tumor does not concerne

**pTis** is preinvasive melanoma (melanoma in situ) is atypical melanotic hyperplasia, expressed melanotic dysplasia, but malignant invasive the defeat is absent (And level after Clarke)

**pT<sub>1</sub>** it is tumor by a thickness  $\leq 0,75$  mm, spreads to the papilloglandular layer of skin (II level after Clarke)

**pT<sub>2</sub>** it is tumor by a thickness 0,76 – 1,5 mm and infiltration of papillo-reticulas layer of skin (III level after Clarke)

**pT<sub>3</sub>** is tumor by a thickness 1,51 – 4,0 mm and infiltration of reticular layer skins (IV level after Clarke)

**pT<sub>3a</sub>** is thickness of tumor over 1,5 mm, but no more, than 3,0 mm

**pT<sub>3b</sub>** is thickness of tumor over 3,0 mm, but no more, than 4,0 mm

**pT<sub>4</sub>** it is tumor by a thickness over 4,0 mm and infiltration of hypodermic fatty bases (V level after Clarke) and satellite within the limits of 2 cm from a primary tumor

**pT<sub>4a</sub>** it is tumor by a thickness over 4,0 mm and infiltration of hypodermic fatty bases

**pT<sub>4b</sub>** it is satellite within the limits of 2 cm from a primary tumor

**pN is the regional lymphatic nodes** (the category of **pN** answers the categories of **N**)

**pN<sub>0</sub>** it is Material for histological research after regional lymphadenectomy must include not less than 6 lymphatic nodes.

**pM is the Remote metastases** (the category of **pM** answers the categories of **M**)

### **Grouping after stages**

Stage 0	pTis	N <sub>0</sub>	M0
Stage I	pT <sub>1</sub>	N <sub>0</sub>	M0
Stage II	pT <sub>2</sub>	N <sub>0</sub>	M0
	pT <sub>3</sub>	N <sub>0</sub>	M0
Stage III	pT <sub>4</sub>	N <sub>0</sub>	M0
	any pT	N <sub>1</sub> , N <sub>2</sub>	M0
Stage IV	any pT	any N	M1

### **Clinic.**

As a result of activating of nevus and transformation of him there are such basic initial symptoms in a melanoma:

- hasty growth of nevus and his compression;
- strengthening or diminishing of pigmentation;
- turning red as round nevus;

- appearance of the unpleasant subjective feelings is the itches, heartburns, tensions, tricking;
- appearance of cracks, shelter by ulcers, bleeding;
- appearance of satellites or excrescences as rays in connection with distribution of melanomas by lymphatic cracks.

Base on the morphological and clinical features of melanomas, **Clarke** suggested to select three clinical forms:

- 1) **superficially-widespread melanoma (39% - 75%) of all melanomas of skin;**
- 2) **malignant lentigo-melanoma (10% - 13%);**
- 3) **nodal form of melanoma (10% - 30%).**

It follows to notice that the external displays of melanomas are extraordinarily varied. A tumor can have the appearance of dark patch, form an easy bulge, acquire the type of papillomatous excrescences, have a mushroom-like form, take place on a leg, wide basis. The form of her can be round, oval. Consistency from soft to dense. Coloring – from saturated-black through the different tints of brown or achromatic.

### **Diagnostics.**

Diagnostics of melanomas, mainly, is based on information to anamnesis and symptoms.

#### **Auxiliary methods:**

- **Radioisotopic diagnostics.** High accumulation above the tumor of phosphorus in scopes  
300% - 400% can testify in behalf of melanoma.
- **Combination of radioisotopic research with thermografhic diagnostics.**
- **Research of melanins and copper in urine.**
- **Cytological researches of imprints of smears** conduct at appearance of ulcers on a tumor.
- **Puncture and especially before considered the biopsy of melanoma** impermissible. Lately a question in relation to categorical prohibition of puncture is looked over.

### **Differential diagnostics.**

It follows to conduct differential diagnostics with pigmental nevus, pigmental spots at illness *of Recklinghausen's*, pigmental baselioms. Certain difficulties can arise up at differential diagnostics of angiofibroma, neurofibroma, illness *of Bouen's*, angioneoplasms. Carefully collected anamnesis and assiduous clinical inspection of patient to may set a correct diagnosis.

### **Treatment.**

It is used **surgical method treatment** (to which priority gives oneself up in the USA), **radial therapy combined method of treatment and chemotherapy.**

- **Surgical interference** provides for:
  1. **Wide and deep carving of tumor** (to fascia or aponeurosis);
  2. **Regional lumphadenectomy** (rotined only at metastases in regional lymphatic nodes);
  3. **Laser therapy** and cryotherapy is lately considered the perspective method of surgical treatment.



- **Combined treatment.** The **preoperative radiation of tumor** is the most widespread chart of the combined treatment of melanomas **with next its wide carving**. Purpose of preoperative radial therapy is separation of tumor due to dying off of same its pickoffs, development of necrobiosis in cells and fibrosis in stroma of tumor and the eventual account devitalization of tumor. As a result of it possibility of spread melanoma diminishes during surgical interference.
- **Chemotherapy with heterospecific immunization** is used at the widespread melanomas of skin.

The method of lymphotropic interferonotherapy is perspective direction of treatment (for the prophylaxis of metastases).

Among cytostatics the most effective consider preparations **of CCNU** (lomustin, belustin and their analogues), adriblastin, cyclophosphamide, preparations of platinum. The most frequent citostatics treatment has character of polychemotherapy and is conducted after the developed charts. The prophylactic courses of polychemotherapy apply in a afteroperative period on condition of the III-IV level of invasion after *Clarke*. The palliative courses of cytostatics therapy are conducted during all life, while from their application a clinical effect is traced.

### **Prognosis**

For a prognosis greater the biological features of tumor matter than method of treatment. A prognosis depends above all things on the depth of invasion, distribution of tumor, features of hormonal balance immune status of organism.

## **Count of logical structure: “Melanoma of skin (melanoblastoma)”**

### **1. Etiologic factors**

insolations  
sunblisters  
radiation influencing  
trauma pigmental nevuses

### **2. Pathoanatomy**

fusiform cell melanoma  
cuboidal cell melanoma  
spindle-cell  
mixed

### **3. Innidiation**

by a lymphatic way  
hematogenic

### **4. Differential diagnostics**

by pigmental nevuses  
by pigmental spots at illness of Recklinghausen's  
pigmental basalioms

### **5. Precancerosis diseases**

Pigmental xeroderma  
Bouen's illness  
senile hyperkeratinizations,  
keratoacanthoma  
skinning horn  
scars of skin  
trophic ulcers  
chronic fistuls

### **6. Types of growth of tumors**

superficial  
depth penetrating  
papilliglandular

### **7. Treatment**

surgical method of treatment  
radial therapy  
combined method of treatment  
chemotherapy.

### **8. Prognosis**

A prognosis depends above all things on the depth of invasion, distribution of tumor, features of hormonal balance immune status of organism.

### **9. Prophylaxis**

### **3.3. RECOMMENDED LITERATURE:**

#### **a) Basic**

1. Oncology / [Edited by prof. I.B.Shepotin, prof. R.T.Evans]. – Kiev: Medicine, 2008. – 496 p.
2. Clinical oncology / [V.Sorkin, A.Popovich, Yu. Dumanskiy and oth.]; under the edit. of the prof. G.V.Bondar. – Simferopol, 2008. – 192 p.

#### **b) Additional**

1. Ain KB: Anaplastic thyroid carcinoma: a therapeutic challenge. Semin Surg Oncol 1999; 16: 64-69.
2. Scully C, Field JK, Tanzawa H: Genetic aberrations in oral or head and neck squamous cell carcinoma (SCCHN): 1. Carcinogen metabolism, DNA repair and cell cycle control. Oral Oncol 2000 May; 36 (3): 256-63.

### **3.5. Materials for self-control.**

#### **A. Questions for self-control.**

1. Epidemiology, etiology and pathogeny of cancer of skin.
2. Precancerosis diseases of skin.
3. Classification of cancer of skin.
4. Clinic of cancer of skin.
5. Diagnostics and differential diagnostics of cancer of skin.
6. Treatment and prognosis of cancer of skin.
7. Epidemiology and etiology of melanoma of skin.
8. Pathoanatomy.
9. Classification of melanoma of skin after stages.
10. Clinic and diagnostics of melanoma of skin.
11. Treatment and prognosis.

## **B. Tests initial level of knowledges on a theme: “Cancer of skin”.**

1. Overwhelming localization of cancer of skin is:
  - a) face;
  - b) bones of hands;
  - c) feet;
  - d) trunk;
  - e) extremities.
  
2. Development of cancer of skin is mainly tied-up:
  - a) with the products of processing of oil;
  - b) with the products of processing of anthracite coal;
  - c) with dyes;
  - d) with sun insolation;
  - e) with virus.
  
3. For the cancer of skin characteristic all transferred signs, except for:
  - a) slow progress;
  - b) appearance of depth in the center of patch formation;
  - c) absence of effect from treatment of ulcer of skin more than 3 week;
  - d) salient roller round an ulcer;
  - e) spherical papula which appeared in a week.
  
4. The most resistant tumor is:
  - a) basalioma;
  - b) squamous cell keratinizing cancer;
  - c) squamous cell non keratinizing cancer;
  - d) melanoma;
  - e) cancer of appendages of skin.
  
5. The most aggressive tumor of man is :
  - a) Hodkin's disease;
  - b) melanoma;
  - c) Boeck's sarcoid;
  - d) squamous cell cancer;
  - e) basalioma.

6. Of high qualities tumors are without the risk of malignant:
  - a) lentigomelanoma;
  - b) melanosis Dubreyl's;
  - c) nevus of intradermalis;
  - d) dyvplasia of lentiginosis;
  - e) boundary nevus.
  
7. Spots lentiginosis melanocytis dysplasia are mainly localized:
  - a) on overhead extremities;
  - b) on lower extremities;
  - c) on face;
  - d) on a trunk;
  - e) does not have favourite localization.
  
8. In women 75 years on the skin of face there are plural dense hides which fall off, and in them place arise up new, some with ulcers. About what changes is there the question on a skin?
  - a) Basalioma.
  - b) Senile keratosis.
  - c) Cancer of skin.
  - d) Bouen's illness.
  
9. The sick 25 years has birth mark on the back, size 1x1,5cm, which are periodically injured by clothes and is increased. What diagnosis?
  - a) Melanoma of skin.
  - b) Basalioma skins.
  - c) Cancer of skin.
  - d) Pigmental xeroderma.
  
10. At sick 25 years after bandaging by the filament of pigmental new formation on a leg in a right axillary cavity it changed colouring and fell off. In his place remained long not healing ulcer with the separations. What methods of research are need?
  - a) Blood pressure low.
  - b) Smears are imprints from an ulcer for cytological research.
  - c) Carving of education.
  - d) Radioisotopic diagnostics.

## C. Situations tasks for self-control.

### Task №1.

Sick 42 years after the delete of “acne” on a skin noticed the compression of right cheek, which long time did not respond to treatment by physical therapies procedures (quartz, solarium), and after it ulcerated. After unsuccessful treatment by ointments a doctor deleted an ulcer. At microscopic research of her it is found out a squamous cancer. What role and value does it follow to take by physical therapies procedures (quartz, солюкс), in the origin of oncopathology on a cheek? What collector of lymphatic nodes is regional for this localization of cancer of skin? Subsequent plan of treatment.

### Task №2.

At sick 45 years after the protracted stay on a beach numerous scales which fell off appeared on face, however in them place arose up new. The biopsy of a few from them found out the presence of basal cell carcinoma. Diagnosis: canceromatosis skins of face. What measure could the protracted stay in the sunshine have an influence in to appearance of plural cancer of skin? What medical tactic?

### Task №3.

Patient in 71, which long time fuels, after the trauma of lower lip by the branch of fruit tree repeatedly processed a wound by an iodic brandy, however much cicatrization did not come. Treatment by ointments also did not give an effect. After carving of undercuts (1,0x1,0cm) microscopic research found out a squamous cell carcinoma. By the puncture biopsy of megascopic submatillary lymphatic node (1,0x0,5cm) found out the metastasis of squamous cell cancer. What value of non-permanent trauma and protracted smoking in the origin of cancer of lower lip? Stage of cancer of lower lip at a patient by system of TNM? Plan of medical measures.

### Task №4.

At a patient 57 years in the area of large postoperative scar an ulcer which for a year does not heal and has a tendency to the increase in sizes appeared on the skin area of stomach. Basis of ulcer is dense, there are small excretions. What character of process does it follow to think about? What researches does it follow to conduct?

### Task №5.

On the area of middle third of right shin at a patient 62 years there is osteomyelitis fistula, during 35 years (after a gunshotr wound) with the small separations and considerable maceration of skin around. Last 3 months round the opening appeared to hypergranulation, which began necrosis. What process does it follow to suspect? Research methods.

### Task №6.

At a man 35 years on the skin of hair part of head 3 years ago atheroma which was slowly multiplied in a size is diagnosed. During the travelling adventure a patient got the trauma of atheroma, as a result maintenance of her exceeded supply capsule. However in future wound opening did not heal 6 months and basis of him induration. What guards in the clinic of disease? Research methods.

**Task №7.**

At a patient 45 years on the area of right breast on-the-spot back there is a keloid scar, that arose up after a work accident 8 years ago. Lately a scar began induration, and then in a center took shelter by ulcers. At a biopsy it is found out a squamous cell cancer. Regional lymphonoduss not are megascopic. Medical tactic.

**Task №8.**

At a patient 60 years a small node which began to be increased appeared on the area of right auricle, ulcerated. More, as 2 years a patient treated oneself by ointments and washes at a dermatologist. An ulcer was multiplied to the sizes 1,0 x 1,0 cm, the festering selection appeared, a cartilage took all off clothes, більші lymphatic knots appeared on a submatillary area. An oncologist carried out a biopsy and got a histological answer - basalioma. Properly to interpret the increase of lymphonodus on a submatillary area? Defects of treatment of patient. What subsequent plan of treatment.

**Task №9.**

In women 75 years on the skin of face there are plural dense scales which falls off, and on their city arise up new, some began to take shelter by ulcers. About what changes is the question on a skin there language? Specify character of pathology.

**Task №10.**

A patient has 65 years the canceromatosis skins of trunk and extremities. What must medical tactic be?

**5. Materials of offer auditorium independent work.****Subject:**

Study of indexes of morbidity and death rate on the cancer of skin in 2009 in the Poltava region.

**Subject:**

Study of possible dependence of increase of level of morbidity on the cancer of skin in the Poltava region from contamination of external environment by a mercury.