



EPITHELIOMA

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EPITHELIOMA

Epithelioma profundum.

Epithelioma is a malignant new growth having its origin in the epithelial cells of the skin or mucous membrane. It is a disease of middle and old age, being somewhat rare before 30 and most common after 50. There is no sharp line of demarcation between the superficial and the deep, nodular or tubercular form of epithelioma. The latter often takes its origin from the former, or the tubercular epithelioma may begin as a firm nodule which in its development extends deeply into the skin and projects well above the surface. In the course of months or years the tumor may reach the size of a cherry or a walnut; occasionally with greater lateral spread it assumes the shape of a thick plaque one inch or more in diameter. The new growth is very firm and the integument above it is usually delicately vascularized and pink or yellowish, with a semi-translucent, waxy appearance. In the neighborhood may be one or more much smaller nodules. Sooner or later degeneration occurs at the middle of the growth and an ulcer is formed which is characterized by its prominent, roll-like waxy border, its steep edges and the frequently glazed appearance of its granulating floor, which, however, may be moist or crusted. Even before ulceration the tumor may cause shooting pains by the implication and compression of small nerve filaments. The lower lip is the seat of nearly one-half of all epitheliomas.

and in this location the growth is almost always of the deep variety. It occurs here much more frequently in men than in women, probably because of the irritation produced by smoking. Its first indication is usually a small nodule on or near the vermillion border, or a fissure or excoriation upon a slightly indurated base, that remains unchanged for an indefinite time and then assumes a definitely malignant character, developing comparatively rapidly with considerable swelling and deep infiltration, early ulceration and lymph gland involvement.

DIAGNOSIS: The deep epitheliomatous node is usually easily recognized by its firmness, its infiltration of the true skin and its adherence to structures beneath, and by its delicately vascularized surface and peculiar waxy appearance. On the lower lip, it may resemble a *chancre* in that location, but the more rapid development of the latter, the early neighboring lymph gland enlargement and the appearance of secondary symptoms or the detection of spirochetes in the exudate, suffice for a differential diagnosis. A *sarcomatous node* is to be distinguished by its more common occurrence in earlier life, its less firm consistency and more rapid evolution, and by its far greater tendency to multiply by metastasis. **TREATMENT:** The appropriate treatment of deep epithelioma is radical excision of the growth and of the neighboring lymph glands, if there is any suspicion of their involvement.