Answer: A. Surgical Excision

Discussion:

The patient underwent extensive surgery including wide resection of right facial squamous cell carcinoma, right partial maxillectomy with orbital exenteration, right partial rhinectomy, bilateral total ethmoidectomies, and right parotidectomy with modified right neck dissection. He required temporary tracheostomy and gastrostomy tube immediately after surgery. Although very locally invasive, he did not have nodal or distant metastases. For his stage IV T4N0M0 disease, he completed a course of radiation. Although he tolerated the multiple surgery and radiation treatments, he continued to have ongoing depression. He lacks social support and continues to have difficulty coping with his chronic illness.

Cutaneous squamous cell carcinomas (SCCs) are common lesions usually cured with local therapy in over 90 percent of cases. Compared to basal cell carcinomas, cutaneous SCCs have a higher potential for local recurrence and regional or distant metastases (Kolk et al). In determining how to manage cutaneous SCC, the risk of local regional recurrence and regional or distant metastasis is the most important factor (Boukamp et al). Invasive head and neck cancers have also been associated with increased risk of depression with incidence ranging from 8% to 44% at various time points during the course of the disease (Chen et al). It is important to keep this in mind as the consequences of depression can be severe, affecting compliance to prescribed therapy, wound healing, appetite, and contributing to prolonged hospital stays. Mental health services continue to be severely underutilized among patients with cancer (Chen et al).

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