

Psychological Aspects of a Patient with Neglected Skin Tumor of the Scalp

Chiara Pavan, MD, PhD*; Franco Bassetto, MD†; Vincenzo Vindigni, MD, PhD†

Many articles describe cases of neglected skin tumors. Authors emphasize macroscopical and histological characteristics of the tumor, prognosis, and other clinical and surgical aspects but do not answer a fundamental question: why do these patients arrive to their attention presenting a neglected, giant tumor?

Our aim was to investigate the personal structure and psychological traits of patients affected by these types of carcinoma to underline the psychiatric, psychological, social, and behavioral factors that may impact cancer incidence and survival.

We report a case of an old woman recently operated on for a giant basal cell carcinoma of the scalp (Fig. 1). She had been affected for 8 years by a nonhealing ulcer of the scalp. Giant basal cell carcinoma was removed and the surgical defect was repaired by autologous skin grafts. Basal cell carcinoma recurrences were not appreciable 1 year after surgery.

We applied to the patient a clinical psychiatric anamnesis, Minnesota Multiphasic Personality Inventory (MMPI-2), investigating the patient's personality. We also evaluated depression and anxiety through auto-performed Beck Depression Inventory and hetero-performed Hamilton Depression-Anxiety Scale.

The patient evidenced a clear discrepancy between the auto-evaluated and hetero-evaluated scales (Beck Depression Inventory versus Hamilton Depression-Anxiety Scale), particularly with regard to depressive aspects (minimalized by the patients). The most interesting MMPI-2 result was the failed and conscious attempt of the patient to minimize and deny negative aspects perceived by the patients themselves as negative. These results demonstrated relative but interesting observations: the conscious tendency to manipulate the tests to devalue or clearly deny some supposed negative personal traits (being unconscious that the MMPI-2 test could intercept this process). It should be changed to the typical features, like neglect or denial, leading to delay in presentation or accessibility of therapy, that we know is



Fig. 1. Fifteen centimeter giant basal cell carcinoma of the scalp. The tumor is ulcerated but not fixed to the bone.

a common feature of these large tumor-neglected cases. We also confirm the presence and the association, related to abnormal illness behavior, to depression, and somatized anxiety disorder.

In conclusion, psycho-oncology is a part of the continuum of cancer care that includes primary and secondary prevention.¹ Although giant basal cell carcinoma is rare and complete surgical removal and successive repair is problematic, we emphasized psychiatric profiling of the patient to offer an “alarm bell” to family doctors who should always explore the psychological, social, and behavioral factors that may impact cancer incidence and survival of patients, avoiding late diagnosis.

Vincenzo Vindigni, MD, PhD

Unit of Plastic Surgery
Department of Neurological Sciences
Padua University Hospital
Nicolò Giustiniani St
Padua I-35121
Italy
E-mail: vincenzo.vindigni@unipd.it

From the *Unit of Psychiatry, Department of Neurosciences, University of Padova, Padova, Italy; and †Unit of Plastic and Reconstructive Surgery, Department of Neurosciences, University of Padova, Padova, Italy.

Copyright © 2017 The Authors. Published by Wolters Kluwer Health, Inc. on behalf of The American Society of Plastic Surgeons. This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-No Derivatives License 4.0 (CCBY-NC-ND), where it is permissible to download and share the work provided it is properly cited. The work cannot be changed in any way or used commercially without permission from the journal. *Plast Reconstr Surg Glob Open* 2017;5:e1395; doi:10.1097/GOX.0000000000001395; Published online 28 June 2017.

DISCLOSURE

The authors have no financial interest to declare in relation to the content of this article. The Article Processing Charge was paid for by the authors.

REFERENCE

1. Rozniatowski O, Reich M, Mallet Y, et al. Psychosocial factors involved in delayed consultation by patients with head and neck cancer. *Head Neck*. 2005;27:274–280.