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Recurrent Primary Cutaneous Squamous Cell Carcinoma of the Anterior Abdominal Wall: A Case Report.

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ABSTRACT

Squamous cell carcinoma is the second most common type of cutaneous malignancy. Squamous cell carcinoma has the propensity to recur and metastasise to a distant site. A 59 yrs old female presented with an ulceroproliferative lesion over the anterior abdominal wall. A clinical diagnosis of Malignant Melanoma was made. However, histopathological examination proved it to be moderately differentiated squamous cell carcinoma. A panel of Immunohistochemistry markers were done to prove the primary nature and also to rule out a diagnosis of malignant melanoma.

Keywords: Squamous cell carcinoma, Malignant Melanoma.

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INTRODUCTION

Cutaneous Squamous cell carcinoma occurs as a result of proliferation of dysplastic epidermal keratinocytes with unopposed growth, local invasion and distant metastasise. Several risk factors have been implicated in the causation of cutaneous scc.Primary cutaneous scc can also develop de novo without the presence of an underlying precursor skin lesion.

Clinical History

59yr old female presented with an ulceroproliferative lesion with multiple pigmented lesions in the left lower aspect of the anterior abdominal wall.(fig. 1) .She had a history of a small blackish nodular lesion occupying the left lower aspect of the lower abdomen a year ago. Biopsy was done and the histopathology report turned out to be squamous cell carcinoma. The ulceroproliferative lesion appeared friable and bleeds on touch.Basic investigations were done and CT Chest showed pulmonary metstasis.The clinicians made a diagnosis of Malignant Melanoma with pulmonary metastasis.

Microscopy

Section showed skin with ulceration overlying a neoplasm composed of islands,nests and broad bands of malignantsquamous epithelium with pleomorphic cells,hyperchromatic nuclei,mitotic figures,anaplastic tumour giant cells infiltrating the subepidermal stroma.(fig2,3,4). Some of the tumour nests enclose areas of necrosis and hemorrhage.

Impression

Infiltrating moderately differentiated squamous cell carcinoma.A panel of IHC markers were used. Tumour cells showed positivity for PanCK,P63 and negative for HMB45,CK7 and CK20.

Final Impression

Primary cutanous squamous cell carcinoma.

Fig 1: Gross: Ulceroproliferative lesion with pigmented satellite nodular lesion.

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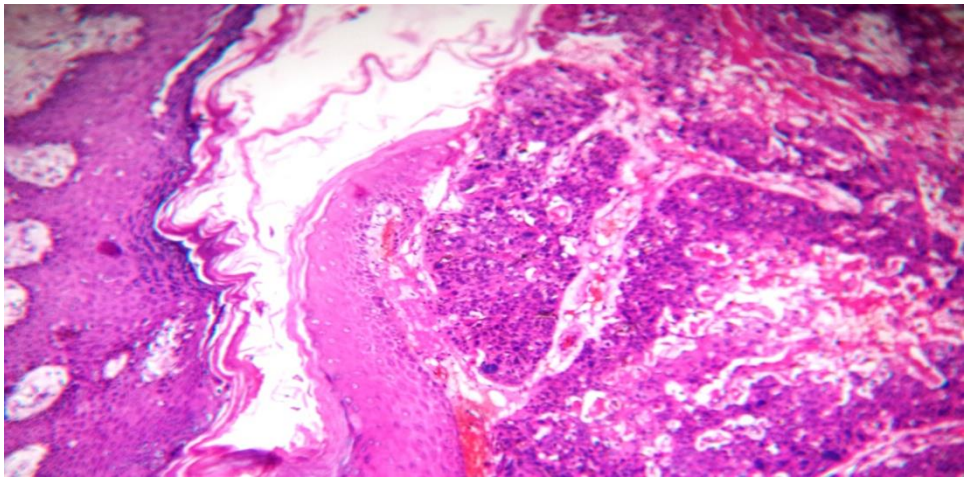

Fig 2: Higher magnification showing tumour cells arranged in nests,islands.

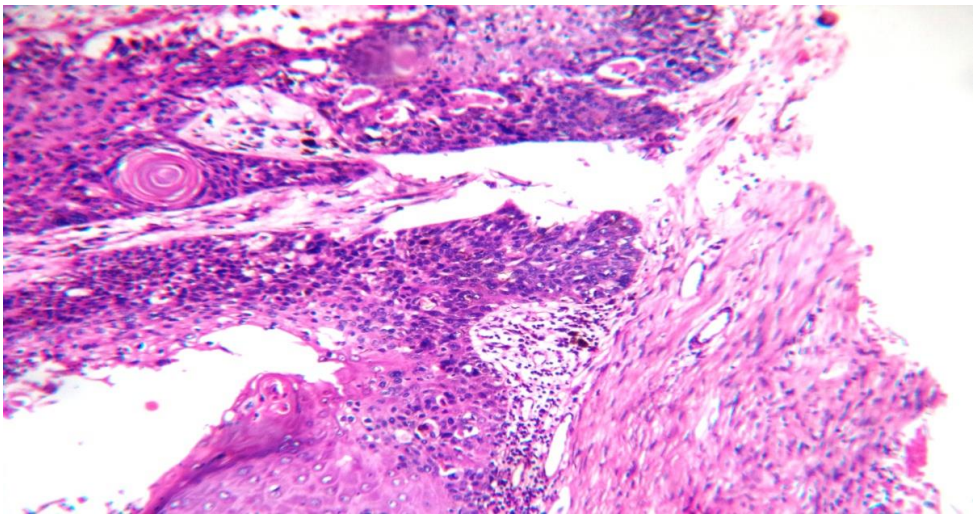

Fig 3: High Power Magnification showing Keratin Pearl.

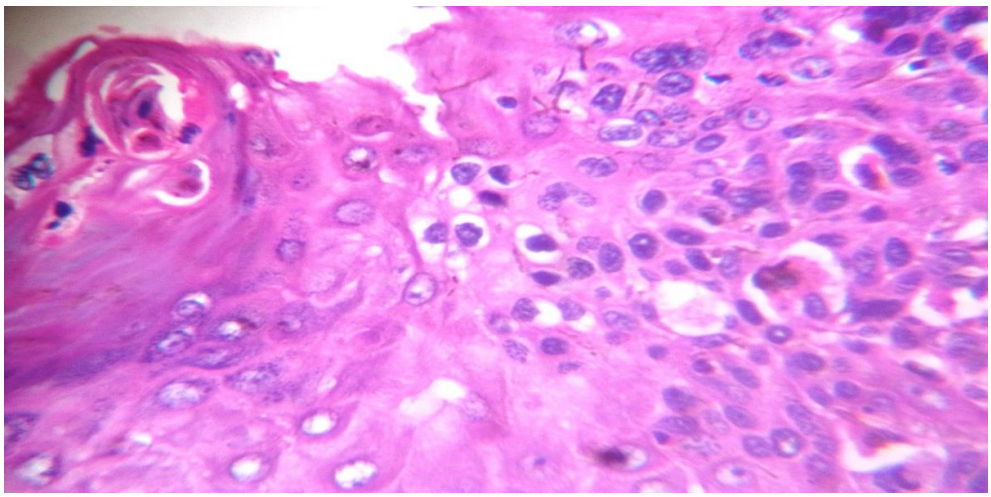

Fig 4: High Power Magnification shows Dysplastic Epithelium.

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DISCUSSION

Cutaneous scc accounts for 20% of non-melanoma skin cancers. The rising incidence of cutaneous scc is multifactorial. Cutaneous scc most commonly occurs in the head and neck region. This type of malignancy has a greater propensity to recur and distant metastasis. Tumour depth has been implicated as an important risk factor for recurrence and distant metastasis. Primary scc needs to be differentiated from metastatic scc. Features that favour a metastatic scc includes rapid onset, lack of an insitu component and the presence of vascular invasion. Lack of connection overlying the epidermis and a nodular growth pattern is common for metastatic scc However these findings may also be seen in case of a primary cutaneous scc. Features characteristic of a primary cutaneous scc are presence of a precursor lesion and a stromal inflammation or fibrosis. Immunohistochemistry also plays a pivotal role in distinguishing a primary cutaneous scc from a metastatic scc [1-5].

CONCLUSION

Cutaneous scc is curable if detected early and treated promptly.

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