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A Case of Squamous Cell Carcinoma

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Clinical History

The 85-year-old lady presented with complaints of: Swelling on Right Foot since 2 months. The patient was normal 2 months back when she noticed swelling on the Right Foot.

Initially swelling was 1cm x 1cm in size and has gradually progressed to the current size of 10cm x 8cm and 5cm x 4cm

Swelling is also associated with bloody discharge, spontaneous, minimal amount of bleeding, which stops on its own.

No h/o trauma No h/o pain on movement

No h/o skin change No h/o fever No h/o anorexia, weight loss No h/o similar swellings in other sites

Not a k/c/o Type 2 Diabetes Mellitus, Hypertension, Asthma, Epilepsy

Examination

General Physical Examination:

The patient is moderately built and nourished, is alert, cooperative, and well oriented No pallor, No icterus, No clubbing, No cyanosis, Right inguinal lymph node enlarged, No edema.

Inspection:

Two swellings present on the medial aspect of lower 1/3rd of the Right leg 1st swelling of size 10cm x 8cm just above the medial malleolus which is exophytic.

The surface appears irregular with ulceration & bloody discharge Margins are well defined, the skin over the swelling is ulcerated with necrotic patches 2nd swelling is 1cm above the first swelling, 5cm x 4cm in size, the surface appears irregular, margins are well defined The skin over the swelling is stretched and shiny with minimum ulceration

No scars/sinuses No other swellings are seen Passive movement at the ankle is normal but aggravates bleeding Insert Picture 1 Palpation: No local rise of temperature Tenderness + Solitary swelling, No ridge between the two masses

Other inspection findings confirmed Swelling is variable in consistency, non-mobile bleeds on touch, the skin over swelling is not pinchable

Examination of draining lymphatics:

Solitary 1cm x 1cm lymph node, palpable in Right inguinal region Non-tender, freely mobile, and firm CVS: S1 &S2 heard, No added murmurs. RS: B/L NVBS, No added sounds. P/A: Soft and non-tender with no organomegaly. CNS: Conscious and oriented.



Investigations

Hb – 9.6g/dL

ECG: Irregular missed beats



2D Echocardiography:

Aortic Valve Sclerosis with Mild Tricuspid Regurgitation with Pulmonary Artery

Hypertension.



Xray of Right Leg: AP, Lateral





Serology

HIV – Negative

HbsAg – Negative

HCV – Negative

Diagnosis

Squamous Cell Carcinoma over the medial aspect of Right foot

Treatment

Wide Local Excision done under Spinal Anaesthesia



The tissue sample sent for Histopathological Examination showed high-grade sarcoma

Discussion

Cutaneous squamous cell carcinoma (cSCC) is a malignant tumor arising from epidermal keratinocytes [1]

It is mainly caused by UV light exposure, which leads to widespread DNA damage and extremely high mutational loads [2]

These cancers can appear as:

- Rough or scaly red patches, which might bleed

- Raised growths or lumps

- Open sores (which may have oozing or crusted areas) that don't heal or that heal and then come back

- Wart-like growths [3]

Squamous cell carcinoma (SCC) has a higher risk of metastasis.

In this case, the patient has inguinal lymph node enlargement indicative of metastasis.

A skin biopsy is mandatory in all patients with suspected squamous cell carcinoma.

Histopathologically, squamous cell carcinoma is notable for irregular nests, cords, and sheets of neoplastic keratinocytes invading the dermis. [4]

Here, in this case, an X-Ray was taken to check the extent of invasion of the tumor, and a wide excisional biopsy was done to confirm the diagnosis.

The major preventive measure includes the use of appropriate sun-protective clothing, the use of broad-spectrum (UVA/UVB) sunscreen with at least SPF 50, and avoidance of intense sun exposure that may prevent this cancer. [5]

Surgical excision is the only means of providing accurate information on histology and clearance. A 4 mm clearance margin should be achieved if the SCC measures <2 cm and a 1 cm clearance margin if >2cm. [6]

Other procedures include:

Mohs Surgery (During the surgery, after each removal of tissue and while the patient waits, the tissue is examined for cancer cells) [7]

Radiation therapy is often used afterward in high-risk cancer or patient types

In the case of SCC in situ (Bowen's disease) treatment includes photodynamic therapy with 5-aminolevulinic acid, cryotherapy, topical 5-fluorouracil or imiquimod, and excision. [8]

The long-term prognosis of squamous cell carcinomas depends on: the sub-type of the carcinoma, available treatments, location(s) and severity, and various patient health-related variables (accompanying diseases, age, etc.). Generally, the long-term outcome is positive, as less than 4% of Squamous cell carcinoma cases are at risk of metastasis. [9]

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