



SQUAMOUS CELL CARCINOMA OF PINNA:A RARE CASE PRESENTATION

Dr. Mahendra singh	Professor and head , Department of Pathology, G.S.V.M Medical College, Kanpur, uttar Pradesh-208002
Dr. Neelima verma	Associate professor , Department of Pathology ,G.S.V.M Medical College, Kanpur, uttar Pradesh-208002
Dr. Nidhi verma*	junior resident , Department of Pathology, G.S.V.M Medical College, Kanpur, uttar Pradesh- 208002 *Corresponding Author

ABSTRACT Squamous cell carcinoma of pinna is rare and aggressive variant of skin carcinoma. Squamous cell carcinoma originate in pinna is thought to have a high risk of metastasis(upto16%) compared with under 5% for cutaneous squamous cell carcinoma at any other site. when this tumor does recur or metastasize, it can be very difficult to treat successfully due to its close proximity to base of skull, temporal bone, facial nerve and parotid gland. Here we present a case report of squamous cell carcinoma of pinna that presented with ulcerative growth over pinna and after histological examination it is diagnosed as squamous cell carcinoma of pinna.

KEYWORDS :**INTRODUCTION:**

Squamous cell carcinoma of pinna is rare entity and prognosis is ominous except for those cases diagnosed incidently following external otitis media .They may be related to chronic infection, radiation exposure and sun or cold exposure [1,2].It is generally believed that squamous cell carcinoma of pinna had a higher rate of metastasis than squamous cell carcinoma at other site and that is associated with worse prognosis when this tumor does recur or metastasize[3].Current treatment guidelines recommended surgical excision with histologic confirmation of negative margins and close follow up to monitor for recurrence and metastasis. surgical resection may or may not involved adjuvant radiotherapy[1,4,5].

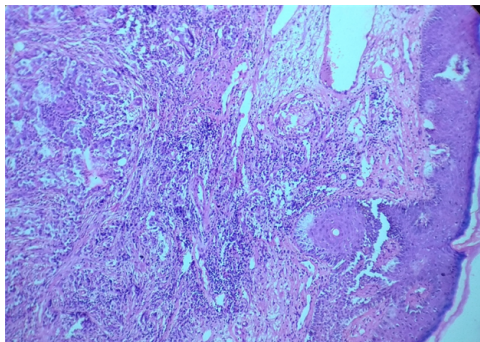
Here we present a case of squamous cell carcinoma of pinna with histological diagnosis for further management of the carcinoma.

CASE REPORT:

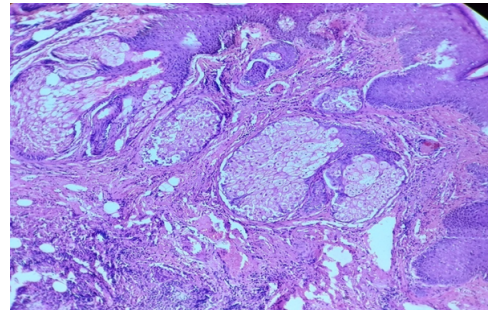
A 65 year old male preoperatively present with ulcerative growth over right pinna associated with pain and discomfort since 6 months.after that patient underwent for surgical intervention and postoperatively biopsy was send to our department for histopathological examination.

On histo pathological examination, Grossely it consist of multiple firm tissue pieces altogether measuring 2.5x2cm.

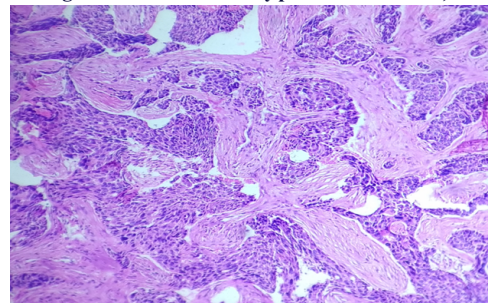
Microscopic picture reveals keratinized hyperplastic stratified squamous epithelial lined tissue piece. Underlying subepithelial zone shows many pilosebaceous units along with atypical cells arrange in nest and clusters are invading into stroma.these atypical cells showing moderate degree of pleomorphism having increased nucleocytoplasmic ratio, hyperchromatic nuclei, irregular nuclear membrane and pink eosinophilic cytoplasm. marked inflammatory reaction in the stroma are also seen.



(this 10x magnification shows small clusters of atypical cells infiltrating into the stroma)



(this 40x magnification shows many pilosebaceous unit)



(This 40x magnification shows clusters of atypical squamous cells)

DISCUSSION:

Squamous cell carcinoma of pinna and external auditory canal is a rare malignant carcinoma[7] that arise from external ear and spread to the temporal bone and surrounding site. Periauricular soft tissue, the parotid gland, temporomandibular joint and mastoid are common sites of tumor progression[8]Involvement of ear and lateral skull base by squamous cell carcinoma is usually the result of a cutaneous neoplasm that originates from the skin of pinna or external auditory canal .ultra violet light exposure or thermal injury,chronic infection and radiation exposure are thought to predispose patient to this disease[1,9].

Treatment of the carcinoma is generally based on combination of surgery and radiotherapy. Patient with external auditory canal carcinoma must initially be treated radically and for them early diagnosis and referral to surgery in addition to postoperative treatment with radiotherapy[6,10].Treatment of squamous cell carcinoma should aggressive because of high rate of recurrence. prevention is also important, appropriate clothing, sun screen with at least 30 SPF and avoidance of intense sun exposure may prevent skin cancer[11]This case is repted in literature highlight the importance of surgery and

biopsy in investigation, diagnosis and management of squamous cell carcinoma of pinna.

Here we described a rare and aggressive case of pinna. it is important to diagnose early as late diagnosis result in poor outcomes. thus emphasis should be placed on importance of early detection, diagnosis and treatment of squamous cell carcinoma of pinna as simplest and most effective measure to increase patient survival.

CONCLUSION:

Squamous cell carcinoma of pinna is a rare and aggressive type disease of skin malignant tumor. so early and quick diagnosis and treatment of cancer may be simplest and most effective measure to increase patient survival and prevention from morbidity associated with invasive squamous cell carcinoma.

REFERENCES

1. Meichan Zhu, Guangyao He, Songhua Tan and Anzhou Tang(2018) Squamous Cell Carcinoma in Pinna and External Auditory Canal: A Case Report. *J Otolaryngol Rhinol* 4:050. doi.org/10.23937/2572-4193.1510050
2. Oya R, Takenaka Y, Takemura K, Ashida N, Shimizu K, et al. (2017) Surgery with or without postoperative radiation therapy for early-stage external auditory canal squamous cell carcinoma: A meta-analysis. *Otol Neurotol* 38: 1333-1338.
3. E. Freedlander; F. F. Chung(1983) Squamous cell carcinoma of the pinna. *British Journal of Plastic Surgery*, ISSN: 0007-1226, Vol: 36, Issue: 2, Page: 171-175.
4. Julie Boisen, C. Helen Malone, Brent Kelly, Richard F. Wagner Jr. Cutaneous Squamous Cell Carcinoma with Invasion through Ear Cartilage *Dermatological Medicine* Volume 2016, Article ID 9067428, 3 pages [http:// dx.doi. org /10. 1155/2016/9067428](http://dx.doi.org/10.1155/2016/9067428).
5. Budrukkar A, Bahl G, Bhalavat R, Laskar SG, Agarwal JP, et al. (2009) High-dose-rate brachytherapy boost for carcinoma of external auditory canal. *Brachytherapy* 8: 392-395.
6. Moody SA, Hirsch BE, Myers EN (2000) Squamous cell carcinoma of the external auditory canal: An evaluation of a staging system. *Am J Otol* 21: 582-588.
7. Pensak ML, Gleich LL, Gluckman JL, Shumrick KA (1996) Temporal bone carcinoma: Contemporary perspectives in the skull base surgical era. *Laryngoscope* 106: 1234-1237.
8. Grandis JR, Hirsch BE, Yu VL (1993) Simultaneous presentation of malignant external otitis and temporal bone cancer. *Arch Otolaryngol Head Neck Surg* 119: 687-689.
9. Furrakh M, Mufti T, Hamid RS, Qureshi A (2014) Squamous cell carcinoma of external auditory canal lacking epidermal growth factor receptor protein overexpression, in an elderly Omani with oculocutaneous albinism treated with palliative radiotherapy. *BMJ Case Rep*.
10. Lobo D, Llorente JL, Suárez C. Squamous cell carcinoma of the external auditory canal. *Skull Base*. 2008;18:167-72. doi: 10.1055/s-2007-994290. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
11. Gallagher RP, Lee TK, Bajdik CD, Borugian M (2010) Ultraviolet radiation. *Chronic Dis Can* 29: 51-68.