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General Surgery

A RARE CASE OF PRIMARY SQUAMOUS CELL CARCINOMA AT ILEOSTOMY SITE: CASE REPORT

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ABSTRACT Primary squamous cell carcinoma at ileostomy site is extremely rare and there are only eight reported cases prior to our report. The present case report describes a patient of ileostomy formation 12 years prior to evaluation after total colectomy who now presented with mass at stomal and parastomal site and underwent biopsy and Positron emission tomography (PET) scan. Tumor was suspected and hence wide local excision with en bloc resection of the ileostomy and ileo-rectal anastomosis was done and histopathology showed differentiated Squamous cell carcinoma (SCC), Grade 1. This case underlines the need of regular follow-up of patients with stomas to allow the timely detection of stomal problems and the early diagnosis and management of the rare complication of parastomal squamous-cell carcinoma. Also, persistent peristomal ulcerations and proliferative lesions must undergo biopsies to rule out malignancy. Wide local excision of the carcinoma with en bloc resection of ileostomy and formation of new ileostomy at a different site is usually done to manage such cases.

KEYWORDS : Ileostomy . Squamous Cell Carcinoma . Parastomal Mass . Stomal Mass

CASE REPORT

A 66 year old gentleman with a history of adenomatous polyposis of colon who underwent pancolectomy with end ileostomy twelve years prior to evaluation. He presented with an exophytic friable mass in parastomal and stomal area (Fig.1). A biopsy of ulcer edge showed squamous proliferative lesion, while whole body Positron emission tomography (PET) Scan (Fig. 2) showed hyper metabolism with soft tissue thickening at ileostomy site in right iliac fossa indicating neoplasia involving skin without underlying muscle involvement or intra-abdominal extension and no evidence of distant metastasis.

He was treated with wide local excision of the tumor with en bloc resection of the ileostomy and ileo-rectal side to end stapled anastomosis.Final pathology revealed well differentiated Squamous cell carcinoma (SCC), Grade 1 (Fig 3). There was squamous cell carcinoma in situ in the small bowel submucosa of the ileostomy. All surgical margins were negative for malignancy.

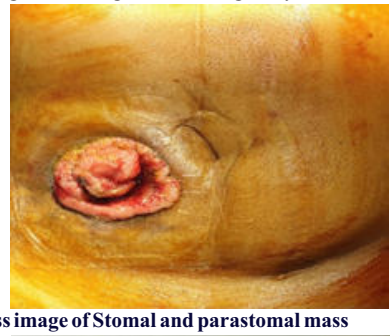

Fig. 1 Gross image of Stomal and parastomal mass

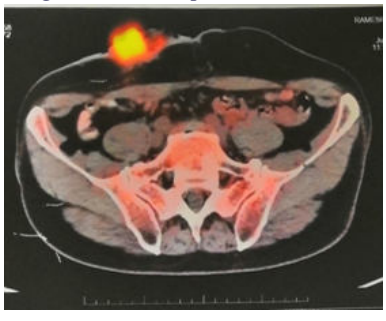

Fig. 2 PET scan showing hyper-metabolism at stoma site

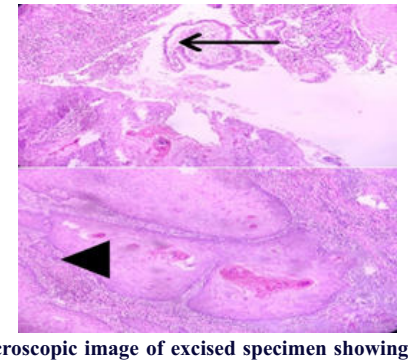

Fig.3 Microscopic image of excised specimen showing ileostomy (arrow) and SCC (arrowhead).

DISCUSSION

Adeno-carcinoma of the ileostomy site is well described in the literature, particularly in patients with inflammatory bowel disease or familial adenomatous polyposis.[1]

Primary squamous cell carcinoma at ileostomy site is extremely rare [2] and extensive review of world literature yielded only eight reported cases prior to our report.[1-4] Last review of literature in 2013 reported a total of 6 cases till then.[1] Since then, only two more case reports of SCC at ileostomy site were published.[2]Amongst these eight reported cases, ileostomy was done in seven cases for fecal diversions and in only one case it was done for urinary diversion. The available literature also suggests that SCC is a late complication that is usually seen 26-62 years (mean= 42 years) after creation of a permanent ileostomy.[2] In our case, it occurred 12 years after ileostomy formation.

The exact mechanism is unknown however this may be due to chronic recurrent irritation secondary to prolonged exposure to toxins, such as stool and/or urine, or recurrent infections. This can cause a localised response resulting in metaplasia that could subsequently progress to carcinoma.[1,2]

This case underlines the need of regular follow-up of patients with stomas to allow the timely detection of stomal problems and the early diagnosis and management of the rare complication of parastomal squamous-cell carcinoma.Persistent peristomal ulcerations and proliferative lesions must undergo biopsies to rule out malignancy. Wide local excision of the carcinoma with en bloc resection of

ileostomy and formation of new ileostomy at a different site is usually done to manage such cases.

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