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General Surgery

SQUAMOUS CELL CARCINOMA IN A CASE OF HANSEN'S DISEASE- AN UNUSUAL PRESENTATION

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KEYWORDS :

INTRODUCTION

A non-healing ulcer is commonly found in cases of Hansen's disease, but a rapid transformation into a malignancy is relatively rare. According to the studies the incidence rate of cutaneous SCC is 9 to 96 per 1,00,000 in males and 5 to 68 per 1,00,000 in females 1, while SCC in Leprosy affected individuals with disability grading 1 and 2 is calculated as 0.79:1000per year. 2 Studies suggest that trophic ulcers are common in leprosy and only long-standing cases undergo malignant transformation 3, but in this case, the history is acute with involvement of underlying bone and hence a rare presentation.

CASE CAPSULE

A 63-year-old female, presented with a cauliflower-like growth over the left medial malleolar region of the foot which rapidly increased in size of 15x6 cm in a short span of 2 months. The patient is a known case of Hansen's disease for the last 5 years and had taken anti-leprosy therapy for only 2 months, hence was a defaulter. No other co-morbidities.

The patient had presented to a local doctor with a small swelling over the normal skin of the medial malleolar region present for 12 months for which she underwent surgical excision before presenting here.

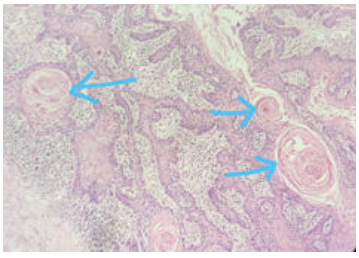
On examination, the growth measures 15x6 cm on the left foot just 2cm below the medial malleolus extending up to the plantar region with everted edges, situated on the calcaneum. The floor of the ulcer was formed by proliferative growth. There was foul-smelling discharge, without any sign of bleeding from the ulcer.

Inguinal nodes palpable on the left inguinal region, largest measuring 3x2cm, firm, mobile lymph node.

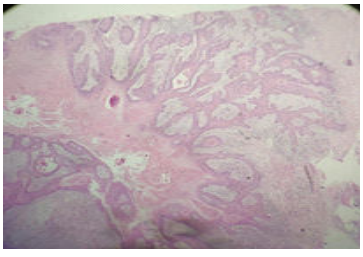
A histopathological wedge biopsy examination of the swelling over the left lower limb was done, S/O- Squamous cell carcinoma. Fine needle aspiration of the left inguinal lymph node was negative for the tumor. A below-knee amputation of the left lower limb was done for the patient.

Medial aspect of the left lower limb

Lateral aspect of the left lower limb



Slide image showing keratin pearls



Slide image showing bright eosinophilic cytoplasm of SCC

Xray foot ap and lateral views showing involvement of the bone-invasion of calcaneum with its cortical disruption

DISCUSSION

Marjolin's ulcers are the malignant transformation of a chronic wound not restricted to burns and usually are an aggressive, ulcerating, SCC in areas of year duration.4 The most common involvement of SCC is the proximal part of the plantar surface. Non-healing ulcers over the heel in cases of Paucibacillary leprosy have been reported to show greater chances for malignancy. Lymph nodes regress after removal of the primary and in some cases lymph nodes can be positive for malignancy. The cause of Marjolin's ulcers is long-term, the continuous mitotic activity of the epidermal cells which resurface the open defect. 5 The healing of ulcers is hampered by the presence of tumor cells. Studies suggest that cellular mutations are responsible for neoplastic changes, and infection might serve as a co-carcinogen in scar tissue. 6 Some studies show that patients with inherent immune deficiency are at higher risk for developing malignant ulcers. We report this case for its atypical acute presentation within a time span of 2 months, with lymph node being palpable which usually does not occur due to the destruction of the lymphatics.

CONCLUSION

Marjolin's ulcer is usually contained well by wide excision with a margin of at least 2 cm of healthy tissue. 4 However, amputation is the treatment of choice when excision is complicated by bone involvement and infection. Proper rehabilitation of these patients can help in better outcomes and survival rates.

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