



A RARE CASE OF CLEAR CELL VARIANT OF SQUAMOUS CELL CARCINOMA SCALP

General Surgery

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ABSTRACT

Clear cell squamous cell carcinoma is a rare variant of SCC of skin in which ultraviolet radiation has been suggested as possible etiology. This case is that of a 70-year-old male who presented with a 2 months history of a non-healing ulcer on the left side of the scalp. Histology showed features of malignant epithelial neoplasm composed of islands of large oval to polyhedral malignant squamous cells with eosinophilic to amphophilic cytoplasm and vesicular nuclei and there were areas showing clear cell differentiation and isolated areas of keratin pearl formation. This case showed an aggressive and bizarre clinical presentation but more report of cases are needed to have a better characterization of the clinical presentation and prognosis of this variant of SCC.

KEYWORDS

Clear cell, skin, squamous cell carcinoma

INTRODUCTION

Squamous cell carcinoma are the second most common cutaneous malignancy after basal cell carcinoma. It is hydropic squamous cell carcinoma. The clear-cell appearance may be due to hydropic degeneration of the neoplastic cells due to the accumulation of intracellular fluids and not by mucin, glycogen or lipid. Clear cell scc is a rare variant of scc. It is usually a salivary gland neoplasm or a metastatic tumour. Only 6 cases of clear cell variant of squamous cell carcinoma in head and neck region has been reported

Case Report

A 70 years old male patient presented with complaints of ulceroproliferative growth over scalp for 2 month duration. Pain and bleeding was present on and off for the past one month. O/e-ulceroproliferative growth of size 7*4*4 cm was present in parieto occipital region(left side of scalp) with clinical features suggestive of malignancy. Edge wedge biopsy report – poorly differentiated squamous cell carcinoma.

CT NECK-2.5*2*3 cm left level 5 nodes enlarged

P/O metastatic level 5 lymph node

CT BRAIN –Ill defined exophytic mass lesion noted in parietal scalp, involving the skin and subcutaneous tissue. Lesion maintains fat plane with underlying bone, no bony erosion /scalping. Planned for wide excision. Wide local excision With left radical neck node dissection. HPE REPORT –Clear cell variant of squamous cell carcinoma.

DISCUSSION

Squamous cell carcinoma is the second most common skin cancer. Primary risk factor for development of SCC is UV radiation exposure, others include psoralen, HPV-16, 18, immunosuppression, smoking, chronic wounds and dermatoses.

Clear cell variant of squamous cell carcinoma is a rare variant. All cases of clear cell scc have been found in head and neck region, with mandible the most common site.

Surgical excision is the only means of providing accurate information on histology and clearance. 95 percent local recurrence and regional metastasis occurs within 5 years

CONCLUSION

Clear cell carcinoma referred as hydropic Squamous cell carcinoma. Clinical presentation usually a nodule or mass that may be ulcerated occasionally. Immune suppression, arsenic exposure, radiation, chronic ulceration might be the possible etiological factors. Prognosis of clear cell carcinoma is not very clear due to the paucity of cases. Further documentation of such cases will help us better understand the etiology, clinical behavior, prognosis and treatment



Fig.1- preoperative image - ulceroproliferative growth scalp

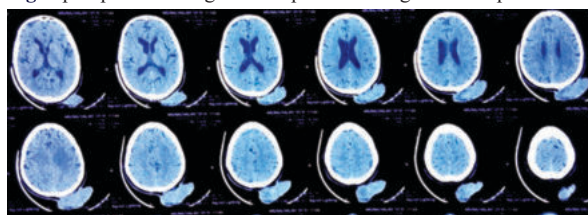


Fig.2- Ct Images



Fig 3.- intraoperative image

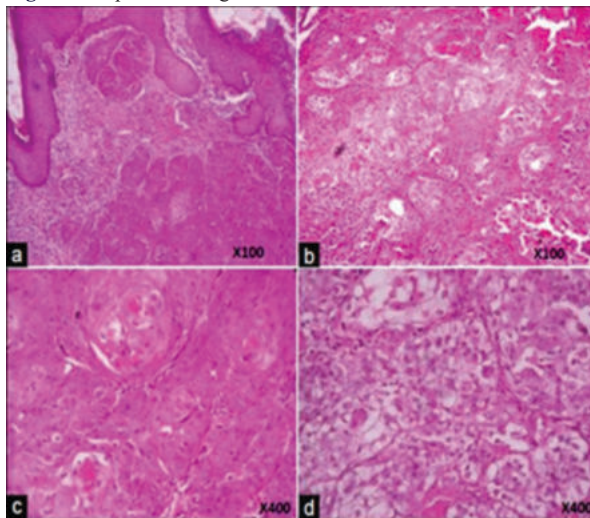


Fig 4: microscopic picture of the lesion

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