



A Rare Case of Exophytic Burns Scar Carcinoma

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ABSTRACT

Carcinoma that develops in post-burns scars is usually of ulcerative squamous cell carcinoma type. We present a rare case where there was development of an exophytic growth 20 years after flame burns over the left upper limb in a 40 year old female patient. It was a squamous cell carcinoma by histology. However, as the patient was not willing for amputation, a wide excision of the tumour along with split skin grafting over the raw area was done.

KEYWORDS

Exophytic burns scar carcinoma

INTRODUCTION:

Post-burns carcinoma is almost always found to be a Marjolin's ulcer¹, an ulcerative squamous cell carcinoma which grows in chronic scar tissue, as early as few weeks² after the trauma to many years/ decades³ afterwards. Here, we present a non-ulcerative exophytic squamous cell carcinoma that developed 20 years post-burns.

CASE DETAILS:

A 40 year old lady came to us with a history of a growth over her forearm, which rapidly increased in size for the last 6 months. She had history of flame burns over her left upper limb 20 years back which healed with scarring. On examination, there was an exophytic cauliflower-like growth of about 12 x 8 cm size over the ulnar border of her left forearm, about 6 cm from the olecranon process. The margins were clearly demarcated and did not show any evidence of an ulcer; swelling was non-tender, was not fixed to the underlying muscle and was mobile. Distal pulses were normally felt. There was no neurological deficit and no regional lymph nodal enlargement.

Edge biopsy of the lesion was done. Histopathology showed a well-differentiated squamous cell carcinoma.



FIGURE 1. EXOPHYTIC GROWTH IN POST-BURNS SCAR

SURGERY DONE:

As the patient was not willing for amputation of her left upper limb, we did a wide local excision of the tumour tissue, and applied a split skin graft over the raw area for cosmetic purposes. Post-operative take up of the graft was good. The patient was discharged on the 4th post-operative day.



FIGURE 2. SPLIT SKIN GRAFT PLACED OVER RAW AREA

DISCUSSION:

Squamous cell carcinoma is the most common type of skin malignancy developing mostly in the chronic ulcerating scar tissue. It is also known as Marjolin's ulcer. It has been suggested that malignant transformation of cells occurs in association with prolonged cell proliferation of chronic inflammation⁴. Other types of burn scar cancers are seen in association with body heating practices followed in some regions, like Kangri cancer, Kairo cancer and Kang cancer⁵.

In our patient, there was an exophytic cauliflower-like growth arising from the burns scar without the formation of an ulcer. The recommended treatment for squamous cell carcinoma of an extremity is wide excision of the tumour or amputation of the limb if necessary. However, as our patient was not willing for amputation, we had to do a conservative procedure by wide local excision of the tumour with graft placement.

CONCLUSION:

Scar carcinoma is an uncommon complication among post-burns sequelae. It usually presents as a Marjolin's ulcer but can also present as a non-ulcerative type of growth as seen in our case. Resection of the tumour with a wide margin is required to prevent recurrence.

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