SQUAMOUS CELL CARCINOMA OVER LOCALISED SCLERODERMA – A RARE CASE REPORT

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ABSTRACT

BACKGROUND
Morphea is a group of cutaneous conditions, termed localised scleroderma characterised by benign inflammation of skin. We present a case of cutaneous squamous cell carcinoma in morpheic plaque. A 50-year-old male presented with a 20-year history of hyperpigmented plaque over lateral aspect of right thigh with a complaint of ulcer over plaque which rapidly progressed within 2 months associated with pain. Biopsy from the plaque is suggestive of Morphea. Biopsy from the ulcer is suggestive of squamous cell carcinoma. Morphea also known as localised scleroderma is a chronic disease of unknown aetiology characterised by fibrous deposition and obliteration of vessels in skin. It has a wide clinical spectrum ranging from hyperpigmented plaque to severe invading generalised and pansclerotic forms. Malignant turn of localised scleroderma is very rare. It usually occurs on lower extremities of patients with long course of disease.

KEYWORDS
Squamous Cell Carcinoma, Localised Scleroderma.


BACKGROUND
Morphea is a group of cutaneous conditions, termed localised scleroderma characterised by benign inflammation of skin. Association of cutaneous scleroderma and squamous cell carcinoma has been reported in few cases. We report a new case of squamous cell carcinoma which occurred in sclerotic patch on leg in a 50-year-old male.

CASE REPORT
A 50-year-old male presented with a 20-year history of hyperpigmented indurated plaque over lateral aspect of right thigh with a complaint of ulcer over plaque which rapidly progressed within 2 months associated with pain. Biopsy from the plaque revealed increased collagen in dermis and perivascular collection of lymphocytes and plasma cells. Biopsy from the ulcer revealed well differentiated squamous cell carcinoma with hyperchromatic nuclei and keratin pearls. Patient was referred to surgery for further management.

DISCUSSION
Morphea also known as localised scleroderma is a chronic disease of unknown aetiology characterised by fibrous deposition and obliteration of vessels in skin. It has a wide clinical spectrum.(1) It appears to start off with damage to small blood vessels and release of cytokines that promote fibrosis.(2) TGF and α1, α2 integrin implicated at the same time in scleroderma and cancers associated. Squamous cell carcinoma has only been reported in 10 cases with systemic sclerosis, localised morphea, pansclerotic morphea.(3-7) The case demonstrates not only patients with tense scar tissue following burning lupus vulgaris, lupus erythematosus but also patients with localised scleroderma may run a greater risk of developing squamous cell carcinoma.(8) Followup would be justified especially in cases with leg morphea with tendency to ulcerate to prevent the development of malignancy.(9)
50 year old Male with elevated Ulcerated Lesion over lateral aspect of right Thigh

Hyperpigmented indurated plaque over lateral aspect of right Thigh

Ulcer over the indurated plaque on lateral aspect of Thigh

REFERENCES