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SQUAMOUS CELL CARCINOMA IN DISSEMINATED DISCOID LUPUS ERYTHEMATOSUS

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A female patient having disseminated discoid lupus erythematosus for the last five years who developed squamous cell carcinoma on the forearm is reported.

Key words : Disseminated discoid lupus erythematosus, Squamous cell carcinoma.

Squamous cell carcinoma and less commonly basal cell carcinoma occasionally occur in the healed scars of discoid lupus erythematosus particularly on the scalp, ears, lips and nose. These are said to be more common in the middle aged males, but in either sex these occur only in cases of twenty years' duration or more.[1] Constant exposure to sun (UV rays) and chronic hypoxidosis are the other factors considered responsible for the neoplastic changes in discoid lupus erythematosus.[2]

Case Report

A 35-year-old female developed burning and painful lesions, which first appeared on the nose and forehead and subsequently appeared on the chest, back and forearms also. They were quite extensive, especially on the back and forearms, and consisted of depigmented erythematous and atrophic plaques. The skin around the plaques was hyperpigmented. The total duration was five years. Biopsy from one of the lesions showed typical histopathology of discoid lupus erythematosus.

After about 4 months, she developed a 5 x 5 cm fungating growth on the right forearm. A small ulcer was seen overlying the growth. Routine haematologic investigations, urine examination and chest roentgenogram were normal. An X-ray of the right forearm showed a soft tissue swelling. Biopsy of a part of the fungating growth showed invasive, well-differentiated, keratinizing squamous cell carcinoma. The growth was excised surgically.

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Comments

Neoplastic change in discoid lupus erythematosus usually appears as a solitary squamous cell carcinoma. Based on information reported in the literature, Lander et al[3] concluded that one out of every 50 cases of chronic discoid lupus erythematosus transforms into a malignant tumour. Millard and Barker[4] reported an incidence of 3.3% out of 120 cases. Malignant changes are said to be more common in the males and specially in lesions of more than 20 years' duration.[1] Grana[5] found 5 cases of basal cell carcinoma in discoid lupus erythematosus. Squamous cell carcinoma with keratoacanthoma has also been reported in one patient.[6]

External factors such as trauma, UV rays, X-rays (radiotherapy for discoid lupus erythematosus) and internal factors i.e. chronic hypoxidosis in the healed scar are the predisposing factors for the chronic discoid lupus erythematosus to turn into malignancy.[2] Our patient being a labourer working in the farms, sun rays (excessive exposure to UV rays) during work could have been the cause in her case.

Lander[3] hypothesized that the poorly vascularised cicatrial structures in discoid lupus erythematosus lesions make the epidermal cell system

to suffer from a permanent hypoxidosis. Thus, the epidermal cells actually are continuously suffocated and their physiological degeneration accelerated. Finally, malignant degeneration occurs because in the end, cell elements or cell generations are formed to which the hypoxidosis is congenial.

It is thus essential that patients having chronic and disseminated lupus erythematosus should be treated early and kept under regular follow-up because of the possibility of malignant transformation.

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