



PRIMARY CUTANEOUS MUCIN PRODUCING SQUAMOUS CELL CARCINOMA

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Variants of squamous cell carcinoma are often rare but they are aggressive tumours with a potential for local recurrence and metastasis. A deeply invasive primary mucin producing squamous cell carcinoma of skin is one such rare variant.

Key Words : Squamous cell carcinoma, Mucin production

Introduction

Tumours combining glandular and squamous differentiation are reported at various sites under different terms. Mucoepidermoid and adenosquamous carcinoma are the designations used interchangeably. We report this rare variant of mucin producing squamous cell carcinoma of skin.

Case Report

A male patient aged 40 years presented with a rapidly growing swelling on the left side of the scalp, to the surgery outpatient clinic of our hospital.

The excised specimen received in our department consisted of a 6x5x4 cms, ulcerated nodular growth covered with hairy skin at the margins. Cut section showed gray white areas extending deeply into the dermis.

Microscopic examination showed an unencap-

sulated tumour composed of sheets and nests of squamous cells with hyperchromatic nucleus and eosinophilic cytoplasm. At places glandular formation with intraluminal mucin was seen. Many cells in the nests showed a finely vacuolated cytoplasm and central nucleus. The luminal mucin and intracytoplasmic vacuoles were mucicarmine positive. Diagnosis of primary mucin producing squamous cell carcinoma of skin was made.

Primary neoplasm elsewhere in the lung, salivary glands and other extracutaneous sites was excluded after relevant investigations. The patient was however lost to followup.

Discussion

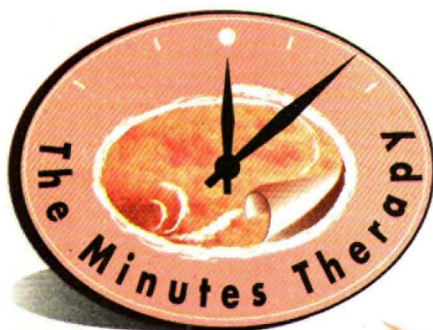
Combination of squamous and adenomatous differentiation is encountered in tumours of lung, salivary gland, female genital tract and submucous glands of head and neck. Terms such as adenosquamous carcinoma and mucoepidermoid carcinoma are used.¹ Primary skin carcinomas with the combination of these features are rarely reported.

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Only 11 cases have been reported under different designations as arising in the skin. The criteria necessary to distinguish the tumours under various terms are not defined clearly. To avoid confusion the term mucin producing squamous cell carcinoma is being advocated for this rare variant of squamous cell carcinoma with glandular structures containing mucin.²

These tumours occur in a wide variety of locations but most frequent in the head and neck area.¹ In our male patient the swelling was in the scalp.

Our case showed histologic features rarely encountered in primary cutaneous neoplasms. The neoplastic squamous elements merged with glandular structures containing mucicarmine positive material. Varying number of mucin producing cells and true glandular lumina are present in this rare variant with a more aggressive clinical course.²

There may be confusion with the adenoid squamous cell carcinoma, but in this tumour there is

no mucin and the glandular spaces contain acantholytic squamous cells.³ Squamous cell carcinoma with mucinous metaplasia is also reported, but it is composed of mucin containing vacuolated cells resembling signet ring cells with no gland spaces.⁴

Possibility of a metastatic carcinoma is difficult to rule out histologically.¹ Patient evaluation to exclude other malignancies is indicated before making a diagnosis of primary cutaneous carcinoma.

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ERRATUM

In the article titled 'Bacillary angiomatosis in an immune-competent patient' (IJDVL 2001; 67:37-38) the correspondence address was erroneously printed that of Dr. P.K. Sharma. The correspondence is to be addressed to Dr. Ashok Kumar Gangopadhyay, Dept. of Dermatology, RKM Seva Pratisthan, Calcutta - 700 026. The error is regretted.

Chief Editor, IJDVL