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# ADENOID SQUAMOUS CELL CARCINOMA

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Adenoid squamous cell carcinoma occurred on the sole, an area not exposed to sunlight and devoid of pilosebaceous structures. Histopathologically, it showed atypical squamous cells, horn pearls, large alveolar spaces with papillary projections and acantholytic cells.

**Key words : Adenoid, Squamous cell carcinoma.**

Adenoid squamous cell carcinoma was described as an adeno-acanthoma of sweat glands by Lever in 1947, but later he regarded it as a pseudoglandular squamous cell carcinoma. Owing to the presence of distinctive adenoid proliferation, dyskeratosis and acantholysis, the term adenoid squamous cell carcinoma was preferred.[1,2] Most of the cases of adenoid squamous cell carcinoma have been reported on the exposed and sun-damaged skin especially on the face and ear.[2,3] The origin of the tumour was believed to be from the pilosebaceous structures.[2] Lund reported an adenoacanthoma removed from the subungual region, an area devoid of pilosebaceous structures.[4] Takagi et al also reported a case in the oral mucosa, an area also devoid of pilo-sebaceous structures and sweat glands. Recurrence after surgery and radiation has already been reported in the literature.[1,5]

## Case Report

A 57-year-old man had a painful cutaneous lesion of five years duration over the instep of left sole. It first started as a small warty nodule and gradually increased in size to become a well-circumscribed, raised nodular lesion. The lesion recurred twice after surgical removal. Clinically, it was 6 cm × 4 cm in size, and studded with nodules of varying sizes from 1 cm to 1.5 cm. Ulceration and crusting was seen in some of the nodules over the instep of left sole (Fig·1). The border of the plaque was indurated and the lesions were tender. Routine blood, urine and stools examination were normal, except a raised ESR. Skin smears with Gram and Ziehl-Neelsen stains were non-contributory. Skiagrams were normal. Haematoxylin and eosin stained sections from one of the nodular lesions showed hyperkeratosis, epidermal hyperplasia, atypical squamous cells, horn pearls, large alveolar spaces with papillary projections protruding into them and supra-basal clefts. Plenty of desquamated and acantholytic cells were present within the alveolar spaces (Figs. 2 and 3). Dilatation or proliferation of the eccrine sweat ducts were not seen.

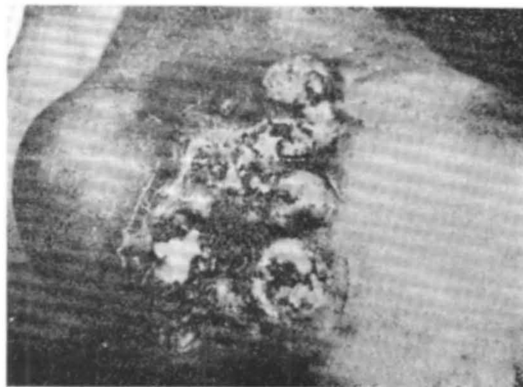

**Fig. 1.** Well circumscribed irregular plaque studded with nodules and ulceration in some of the nodules over the instep of left sole.

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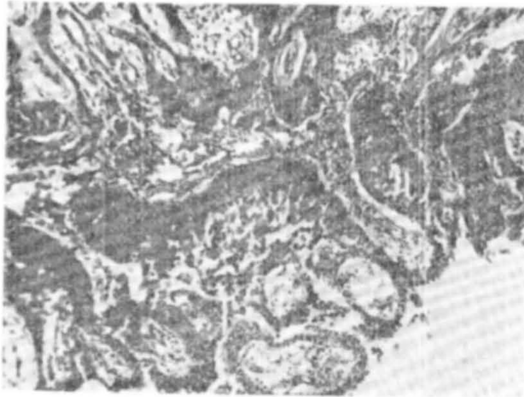

**Fig. 2.** Histopathological section from one of the nodules showing epidermal hyperplasia, atypical squamous cells, large alveolar spaces with papillary projections protuding into them and suprabasal clefts. Plenty of desquamated and acantholytic cells were present within the alveolar spaces, (H and E X 60).

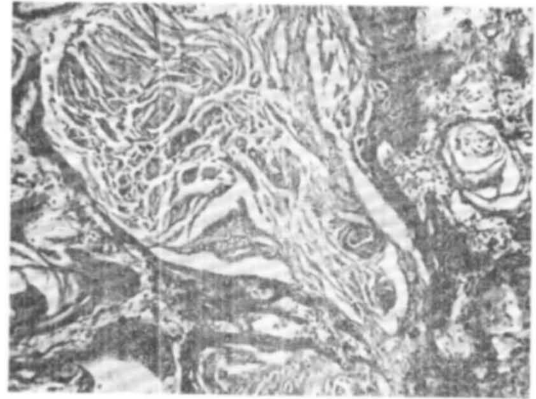

**Fig. 3.** Histopathological section of the same nodule showing epidermal hyperplasia, horn pearls, atypical squamous cells and plenty of desquamated and acantholytic cells, (H and E X60).

## Comments

In this case adenoid squamous cell carcinoma occurred over the sole, an area not exposed to sunlight and devoid of pilosebaceous structures. Our case also showed recurrence twice after surgery which is consistent with the literature reports.

## References


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