SQUAMOUS CELL CARCINOMA ON A PREEXISTING PLAQUE OF LICHEN SIMPLEX CHRONICUS

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Squamous cell carcinoma developing in a preexisting plaque of lichen simplex chronicus of 20 years duration is reported.

Key Words : Squamous cell carcinoma, Lichen simplex chronicus

Introduction

Development of squamous cell carcinoma on a preexisting chronic eczematous plaque is uncommon,[1] though various cutaneous diseases like lupus vulgaris,[2] discoid lupus erythematosus,[3] hypertrophic lichen planus,[4] porokeratosis of mibelli,[5] epithelial naevus, epidermolysis bullosa, granuloma inguinale, chromoblastomycosis, acne conglobata, hidradenitis suppurative, lichen sclerosus et atrophicans, naevus sebaceous, scar tissue, sinuses and fistulae are occasionally, been complicated with the development of squamous cell carcinoma.[1] We are reporting a case of squamous cell carcinoma which developed in an elderly female over a plaque of lichen simplex chronicus.

Case Report

A 50-year-old housewife was having a chronic itchy lesion on the dorsal aspect of the right foot for the past 20 years. She had been applying various topical steroid ointments with only partial improvement. She developed an ulcer over the itchy lesion since 1 month which was not healing.

Examination revealed a well defined lichenified plaque 6 x 4 cm in size on the dorsal aspect of right foot. In the centre of the plaque there was an ulcer 4 x 3 cm with raised and everted border (Fig 1). There was no significant lymphadenopathy. Systemic examination did not reveal any abnormality.

Routine blood, urine, stool examination,

Fig. 1.   Ulcer over the lichenified plaque lesion.

LFT and renal function tests were within normal limit. Skiagram of chest did not show any abnormality. Histopathology of the ulcer

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revealed features of well differentiated squamous cell carcinoma (Fig 2) while that of the lichenified plaque showed features suggestive of chronic dermatits.
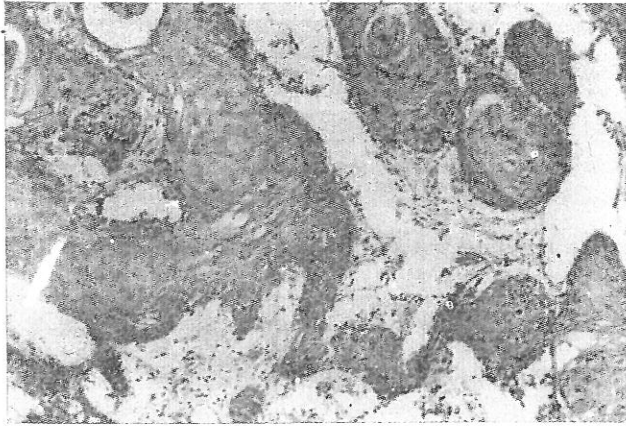

Fig. 2. Photomicrograph shows nests of malignant squamous cells with epithelial pearl formations (H&E x 40)

Wide excision of the ulcer with skin grafting was done in the surgical onchology department. 3 months later she developed inguinal lymphadenopathy for which block dissection was done which showed secondaries histopathologically.

Comments

The patient reported here had clinically and histologically typical lesion of lichen simplex chronicus over which an ulcerated growth developed which was proved to be well differentiated squamous cell carcinoma. Severe and prolonged chronic inflammation due to repeated irritation of the lesion by scratching might have been responsible for resultant anaplastic change.[1,4] Though lichen simplex chronicus is a benign cutaneous condition a rare possibility of development of squamous cell carcinoma over it has to be considered in persistent cases.

References

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