

## SQUAMOUS CELL CARCINOMA IN LUPUS VULGARIS

G G Dhir and R P Sharma

A case of long-standing lupus vulgaris on the forearm developed squamous cell carcinoma. Histopathological examination revealed tubercular granuloma and malignant change simultaneously in the same section.

**Key words :** Squamous cell carcinoma, Lupus vulgaris, Lupus carcinoma.

Squamous cell carcinoma frequently arises secondary to an injury, a chronic dermatosis, or an actinic dermatosis. Squamous cell carcinoma arising secondary to lupus vulgaris is known as lupus carcinoma. The incidence of lupus carcinoma is reported about 2 per cent in the pre-roentgen ray era, but there was a definite rise in the incidence after the introduction of roentgen ray for the treatment of lupus vulgaris.<sup>1</sup>

A case of lupus vulgaris who developed squamous cell carcinoma on the forearm is reported. The patient had not received any ultraviolet or X-ray therapy.

**Case Report**

A 45-yearold labourer presented to us with an ulcer in the right cubital fossa.

Twenty two years ago, he started developing an erythematous plaque which used to heal with some indigenous medicine but extend to the adjacent area. Eight months ago he developed sudden ulceration on the right cubital fossa along with lupus vulgaris lesions on the extensor surface of left elbow, chin, right side of neck and lower part of back.

His general and systemic examination did not reveal any abnormality except hard, non-tender lymph nodes in the right axilla.

His haemoglobin, TLC, DLC, blood urea, urinalysis, X-ray chest and abdomen were normal. ESR was 47 mm 1st hour. X-ray elbow showed osteoporosis at the lower end of the humerus.

Biopsy from the ulcer showed tubercular granuloma and malignant changes in the same section.

He was given streptomycin 1 gm and INH 300 mg per day for one month. With this he improved in other lesions, as also some area of the ulcer, but the margin of this ulcer on the other side became everted and rounded showing features of squamous cell carcinoma. The ulcer was excised widely along with the long head of biceps and lateral head of triceps, followed by skin graft. Patient was sent home to recover for block dissection of axillary lymph nodes at a later date.

**Comments**

Persistence of infection for a long duration predisposes to transformation of unhealthy skin to a malignant change<sup>2-4</sup>. In majority of the cases, active lupus vulgaris predisposes to squamous cell carcinoma. The condition is now rare, because of early treatment available to the lupus vulgaris patients.

From the Department of Skin and STD, Sarojini Naidu Medical College and Hospital, Agra, India.

Address correspondence to : Dr. R.P. Sharma.

**References**

1. Ingram JT: Malignant tumours of the skin cancer, Edited by Raven RW, Butterworth and Co Ltd, London, 1958; p 358.
2. Pusey WA: The Principles and Practice of Dermatology, Appleton, New York, 1926.
3. Ghei PN and Dhawan IK: Squamous cell carcinoma in a case of lupus vulgaris, J Ind Med Assoc, 1963; 41:305-306.
4. Talvalkar GV: Squamous cell carcinoma of the skin, its incidence and etio-pathogenesis in 625 cases, Ind J Cancer, 1970; 7:24-33.