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PRIMARY SELF HEALING SQUAMOUS EPITHELIOMA
(A case report)

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Summary

A case of Multiple primary self healing squamous epithelioma (MPSHE) of Ferguson Smith is described. A short literature review is given. The importance of recognising this entity is emphasised and discussed.

MPSHE was first described as a definite entity by Smith JF in 1934[1]. Many authors like Currie and Smith[2] Fouracres and Whitick[3], Pillsbury and Beerman [4], Burket and Caplan[5] and Tarnowski[6] agree that MPSHE is a variant of multiple Keratoacanthoma. Friedmen et al[7] described involvement of Conjuntival mucous membranes in addition to that of skin in cases of MPSHE. Other authors like Calnan and Haber[8], Alfred et al[9], consider that though MPSHE is similar to multiple Keratoacanthoma histologically, the two conditions are different as there is little similarity in their clinical appearance.

Case Report

A 55 year old male was admitted in Skin Ward, Rajendra Hospital, Patiala with the diagnosis of multiple Keratoacanthoma and eczema. History dated back to 9 months when patient developed erythematous papules covered with fine scales on dorsae of feet. Lesions slowly increased in size and new lesions appeared on legs and forearms. Small amount of cheesy material oozed on pressing the lesions and crust covered the lesions. There was no pain or itching no history of photesensitivity and no history of contact with tar or related compounds. Individual lesions used to heal spontaneously after 4 to 5 months while new lesions continued to appear and progress. On examination erythematous and crusted lesions, 2 to 4 cms. in diameter, were present on both forearms and lower legs. Margins were well defined, slightly raised from surface, firm to feel and formed by coalescence of papules. The centre was slightly depressed. Scars of old healed lesions were present.

Routine investigations showed no abnormality. Biopsy of active lesion revealed features of Squamous Cell carcinoma Biopsy of scar same lesions after 2 months showed no pathological change except foci of chronic inflammatory cells in superficial dermis. In one area the epidermis except the basal layer had peeled off.

Discussion

Recognition of keratoacanthoma and specially multiple primary self healing epithelioma of Ferguson Smith is very important for the following reasons.

1. It is a disorder, ordinarily not requiring the radical approach, which is often indicated for squamous

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cell carcinoma, the tumour it so frequently mimics both clinically and histologically.

2. It provides important clues for research in human oncology.
3. Its inclusion in previously reported cases of squamous cell carcinoma, undoubtedly, favoured the successfully treated cancer cases.
4. Its clinical spectrum is widening to include morphologic varieties, which are still inaccurately classified under other diagnosis.

Multiple self healing epithelioma has not been reported in the Indian literature. Exact aetiology of this spontaneously healing tumour is not known. Multiple keratoacanthoma is an example where close and careful study of the lesion and some of its subsequent changes help us in the understanding of tumour genesis in general, as has been emphasised by Baer and Kopf in 1963[10]. Heredity clearly plays some role in the Ferguson Smith type. Sommerville and Milne[11], reported familial predisposition and multiple cases in certain families. Ereaux and Schopflocher in 1965[12], reported multiple familial self healing epithelioma of Ferguson Smith in one man and his sister. In our case family history is not conclusive. Cases with no family history have also been reported. The majority of lesions occur on exposed surfaces. Cases associated with exogenous factors such as sun exposure are reported by Poth[13]. Baer[10] points out that tumor like keratosis of Poth differ from the common variety of keratoacanthoma in that the former are multiple, occur on dorsal of hands and follow severe sun exposure. They usually lack the characteristic umbilication of keratoacanthoma. Other exogenous factors like occupational exposure to heat and other traumas as pointed out by Pillsbury[4] and tar as reported by Vickers CFH et al [14] may contribute towards the pathogenesis of these tumour. Friedman suggested that multiple self healing squamous epithelioma may be an autoimmune disease. In our case probable diagnosis of multiple squamous epitheliomata was made clinically confirmed by biopsy. When the lesions healed, biopsy was repeated from the scar and only chronic inflammatory cells in the superficial dermis were present. Thus, it was confirmed that the epithelioma healed spontaneously and in this way resembled keratoacanthoma closely.

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