



CASE REPORT

Historical Cutaneous Squamous Cell Carcinoma with Pulmonary Metastasis

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Introduction and Objectives

Squamous cell carcinoma is the second most common form of skin cancer.

We report the case of a patient with a history of untreated HPV who presented with a historical and metastatic form of squamous cell carcinoma.

Materials and Methods

Mr. R. S., aged 69, presented with a pubic ulcerating mass that had been evolving for over 30 years.

The history of the disease dates to 1989, with the appearance of a small nodular lesion measuring a few millimeters above the pubic bone, for which the patient had never consulted a doctor. He was referred in 2022 with an erythematous, oozing, vegetating ulcerative-bourgeois lesion, bleeding on contact, measuring 7 cm*5 cm, soft consistency in some areas and indurated in others, located on healthy skin (Figure 1).

Examination of the anal mucosa revealed condylomata acuminata.

Examination of the lymph nodes revealed two firm, painless inguinal lymphadenopathies measuring 1.5 cm. An initial skin biopsy revealed Bowen's disease.

In the absence of any clinico-histological correlation, a second biopsy with an immunohistochemical study was carried out in favor of a poorly differentiated, poorly keratinizing infiltrating squamous cell carcinoma. As part of the extension evaluation, a PET-CT scan showed a very intense hypermetabolic lesion of the pubis, associated with active bilateral secondary pulmonary involvement and active pathological nodal sites in the mediastinum, in favor of pulmonary metastasis (Figure 2) [1-3].



Figure 1: Ulcerative-bourgeois lesion measuring 7 cm*5 cm.

The diagnosis of T4N2M1 squamous cell carcinoma was retained, and the patient was referred to oncology for further management.

Results

The prognosis of small tumors removed early and correctly is excellent.

Treatment is usually effective, and most people

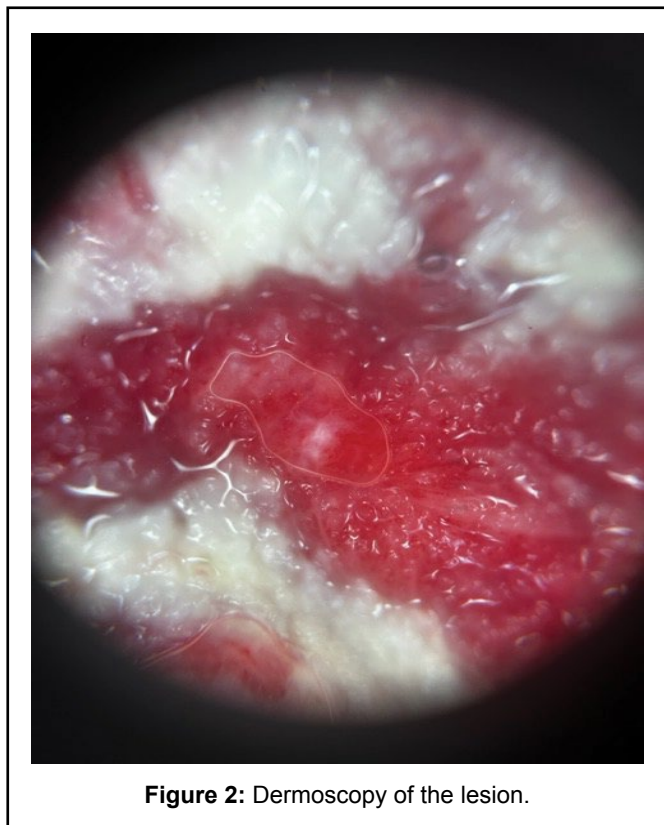


Figure 2: Dermoscopy of the lesion.

survive. Most squamous cell carcinomas remain localized in the area where they first appear.

There are certain pre-cancerous lesions, such as chronic wounds, burn scars or HPV infections, for which surveillance or preventive treatment, if possible, should be part of the initial therapeutic arsenal to avoid a fatal evolution, as in our patient's case.

Conclusion

Prevention by vaccination and early detection of HPV (human papillomavirus) infections should help reduce the incidence of these tumors.

References

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