Case Report

Aggressive Ulcerating Squamous Cell Carcinoma Arising In Old Burn Scar: A Case Report

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Abstract

Carcinoma arising in posttraumatic ulcers and chronic wounds was first described by Jean- Nicholas Marjolin in 1828. Marjolin's ulcers are malignant neoplasms that originate from chronic irritation such as burn wounds, venous stasis ulcers, traumatic wounds, osteomyelitis, fistulas, and lacerations, Burn wounds are the most frequent underlying etiology of Marjolin's ulcers. We reported Marjolin's ulcer that arising from very old burn scar in foot.

Keywords: Carcinoma, Marjolin's ulcer, scar

Introduction

Carcinoma arising in posttraumatic ulcers and chronic wounds was first described by Jean- Nicholas marjolin in 1828.(1, 2)Marjolin's ulcers are malignant neoplasms that originate from chronic irritation such as burn wounds, venous stasis ulcers,(3) traumatic wounds(4), osteomyelitis(5) fistulas(6), and lacerations(2)Burn wounds are the most frequent underlying etiology of marjolin's ulcers.(1)Incidence of marjolin's ulcers ranges from 0.23 – 1.7 %. (7, 8) also neoplastic degeneration of burn-scar has been reported at 0.77 – 2.0 %.(9)In different study; male to female ratio of 3:1 and 1.6:1 was reported .(10, 11)

Three important recurrence predictors is 1.diagnosis ages 2.nodal status 3.reconstruction with a flap or graft.(10) reducing the risk of malignancy by treatment with skin grafting. As a general rule, any ulcer persisting for >3 months should be biopsied.(12)

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In this article, we reported Marjolin's ulcer that arising from very old burn scar in foot.

Case report

52-year-old women who suffered a burn injury in so years prior to admission. This resulted in an extensive soft tissue injury to her right lower leg leading to amputation of all her right toes (Figure 1). Four months earlier she developed an ulceration mass on burn scar associated with discharge and pain. Over this period, the lesion had rapidly progressing increase in size and drainage (Figure 2, 3).

On physical examination, she was found to have a huge cream-brown cauliflower- like and ulcerative mass measuring 21*21*4 cm, with foul smell and involving almost the whole circumference of the leg. Evaluation of right inguinal lymph nodes showed an ulcerative focus as well. Another examination was normal.

Supplementary treatments including neoadjuvant chemoradiotherapy was not performed for the patient. A below knee amputation was done because of the size and location of the tumor as well as the need for rehabilitation.

History of the specimen revealed a moderate differentiated squamous cell carcinoma with invasion the beneath bony structure. There was no vascular, lymphatic and perineural invasion and surgical margins were clear (Figure 4). About one week after surgical process, biopsy from the inguinal lesion was taken in which tumoral involvement the same as previously described was confirmed. In biopsy free zone of tumor.

Discussion

Scar burn that turned out to be squamous cell carcinoma, which is called Marjolin's ulcer. But many authors are the opinion that the remaining scar from any type of injury that malignant transformation is called Marjolin's ulcer.(10)However, it may also happen in normal skin.(12)Most commonly found in the lower extremity.(11)Most of these lesions features include foul smells, increased drainage, mass exophytic, increasing pain, unresponsiveness to therapy, lymphadenopathy, bleeding, bone destruction.(7) the age range of these malignancies, according to reports published so far is from 8 to 63 years.(9) Ghalambor et al, reported mean age of 45 years.(13) In Metwally et al study in 2016 the male: female ratio for MU was1.6:1 .(10) .the first-line definitive treatment should include wide local excision with free margins of 2 to 4 cm, which, in the foot and ankle, could often necessitate a more proximal amputation. Amputation should be reserved for MU infiltrating bone or major vessels. Seeding of tumor cells into vessels and lymph nodes may result in metastasis, so electrocautery during excision may help prevention of metastatic spread.(10, 14-16)

Conflicts of Interest

"The author(s) declare(s) that there is no conflict of interest regarding the publication of this paper."

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(Figure 1) : huge cream-brown cauliflower- like mass

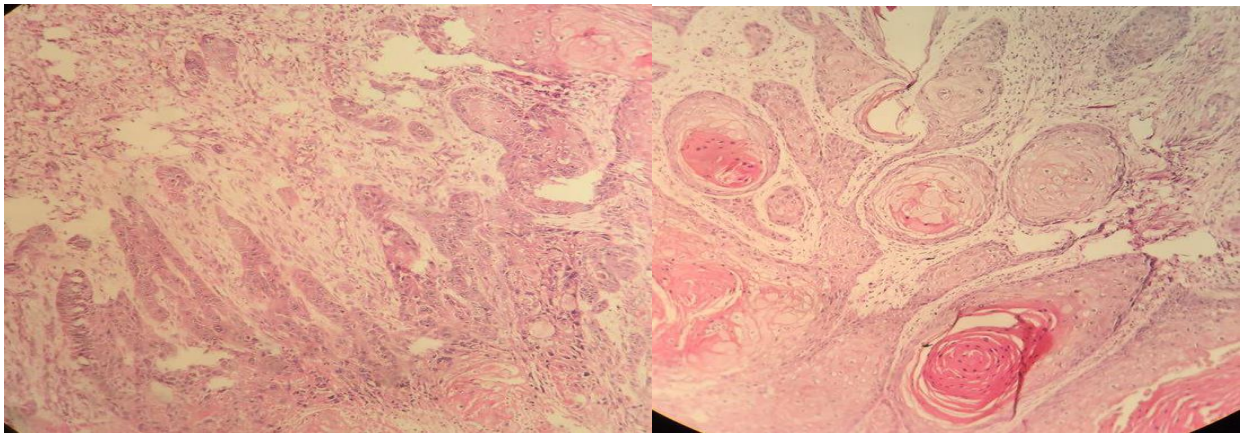


(Figure 2) : huge cream-brown cauliflower- like and ulcerative mass

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(Figure 3)



(Figure 4): Nest of atypical squamous cells with frequent keratinization x40

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