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NAIL DISORDERS

VERRUCOUS CARCINOMA ARISING IN CICATRICIAL-TYPE ANONYCHIA, POSSIBLY DUE TO LICHEN PLANUS

Cm Takatu⁽¹⁾ - Tv Gabbi⁽¹⁾ - Mms Nico⁽¹⁾

Universidade De São Paulo, Universidade De São Paulo, São Paulo, Brazil (1)

Background: A 60-years old Brazilian patient had a one year history of a tumor at the tip of the left third finger. He presented anonychia of all fingers and toes since childhood. He recalled that nails were normal until he was 10, when they were destructed by "a severe inflammation". Examination revealed cicatricial type anonychia of all digits. On the distal phalanx of the left third finger there was a warty growth with keratotic areas leading to destruction of the fingertip. X ray revealed bone erosions at the distal phalanx. There were no palpable lymph nodes nor signs of metastases. Histopathology of a biopsy obtained from the nodule revealed a well differentiated squamous cell carcinoma with exophytic and endophytic architecture, typical of verrucous carcinoma. The affected phalanx was amputated with no signs of recurrence after five years.

Observation: The present case demonstrates the acknowledged phenomenon malignancies arising in old and chronc scars of different causes (burns, lupus vulgaris, lupus erythematosus, epidermolysis bullosa, radiodermatitis, and lichen planus (LP). We hypothesize that our patient's anonychia might have developed from severe LP. Since only "pyterigium unguis totalis" could be observed, a nail unit biopsy was not performed. Anonychia congenita has different features: there are no scars, and there is hypoplasia of the distal phalanges. The occurrence of squamous cell carcinomas (SCC) in LP is rare, and is observed in 0-3.5% of cases of chronic oral LP. In the very few reported cases SCC in nail LP, the treatment of choice was amputation. The mechanism of malignization of scars is not clear; prolonged healing phase, poor lymphatic regeneration, misplaced epithelial cells and local toxins releasing seem involved.

Key message: SCC is the most frequent malignancy arising in scars. This phenomenon is strikingly rare in nail LP, but chronic scars should be monitored.





