



PSORIASIS

MELANOMA AND SQUAMOUS CELL CARCINOMA IN PATIENT WITH SEVERE PUSTULAR PSORIASIS

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Background: Chronic inflammatory conditions expose to cancers. This risk is increased by immunosuppressive medications. The relationship between psoriasis and the risk of melanoma and non melanoma skin cancer is controversial. We report a case of a melanoma and squamous cell carcinoma (SCC) occurring during pustular psoriasis.

Observation: A 49-year-old man has been followed since the age of ten years for generalized pustular psoriasis. He had no family history of skin cancer. He was treated by acitretin. He always kept lesions on legs even under treatment. Methotrexate was prescribed to control psoriatic arthritis, appeared two years ago, but was stopped because of digestive intolerance. He has never been treated with phototherapy or biotherapy. He presented with a rapidly progressive tumor of the leg. Examination revealed a 6 cm hyperkeratosis tumor with ulcerated center. It was located on the right leg. Two pigmented and irregular shaped macules were located on the same leg. The histopathological examination found respectively a well differentiated SCC and two superficial spreading melanomas. The extension work-up did not find metastases. The patient was referred to oncology department for additional medical care.

Key message: The risk of SCC in psoriatic patients is increased by PUVA and systemic immunosuppressive treatments. Otherwise, acitretin seems to have a protective effect of reducing the risk of squamous cell carcinoma. Concerning melanoma, literature shows mixed results. Our patient was treated only by acitretin. The association of a SCC and two melanomas is not a coincidence especially they were located on recalcitrant erythematopustular areas. Thus, the main risk factor in our case is the chronic skin inflammation. Considering the risk of skin cancer in patients with psoriasis, dermatologists must remain vigilant.

