SKIN CANCER (OTHER THAN MELANOMA)

LINEAR POROKERATOSIS AS RISK FACTOR FOR SQUAMOUS CELL CARCINOMA

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Background: Porokeratoses are a group of dermatoses characterized by keratinization disorders. Clinically, they manifest as single or multiple well-circumscribed keratotic papules or plaques that share a common histological hallmark – the cornoid lamella – represented as an elevated border that expands centrifugally.

Observation: A 39-year-old otherwise healthy caucasian female presented with a firm, ulcerated nodule of three centimeters located in the lateral aspect of her right leg, slowly growing for the last year. An incisional biopsy was taken, revealing a moderately differentiated squamous cell carcinoma. Subsequently, a wide excision was performed. A chest-abdomen-pelvis computed tomography was normal. At nine months of follow-up, the patient had no signs of recurrence. Additionally, since five years of age, the patient had brown to skin-colored papules and plaques with elevated, well-circumscribed borders, located in her right inferior limb, along Blaschko lines, from her buttock to the posterior aspect of her thigh, antero-lateral aspect of her leg, back of the foot and hallux. A skin biopsy showed a thin vertical column of tightly packed parakeratotic cells, the cornoid lamella, and the diagnosis of linear porokeratosis was assumed.

Key message: At least six clinical variants of porokeratosis are recognized. Linear porokeratosis is uncommon, arises during infancy or childhood, and the lesions follow the Blaschko lines, most commonly on the extremities. The development of squamous cell carcinoma was reported in almost all variants, although lesions in older patients, those of longstanding duration, and linear variants all have higher rates of malignant degeneration. Early detection of suspicious lesions is of utmost importance in high risk patients.