



SKIN CANCER (OTHER THAN MELANOMA)

RIGHT INGUINAL ULCERATION REVEALING AN INVASIVE PRIMITIVE SQUAMOUS CELL CARCINOMA

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Background: We report an original case of invasive squamous cell carcinoma (SCC) that occurred in an immunocompetent patient without precessive lesion.

Observation: A 34-year-old patient, with a history of unprotected sex and a mother who died of breast cancer, presented with a fast growing skin tumor of 10 months duration located on the right groin. Dermatological examination found a fungating ulceration of 11 cm long, digging with exudate, with indurated irregular edges and infiltrated sitting at the right groin with an extension towards the pubic region. Gynecological and proctological examination were normal. The CBC showed leucocytosis with neutrophilic predominance, and both TPFA and VDRL were +. The histopathological examination revealed a moderately differentiated invasive SCC. MRI of the pelvis showed an extended tumor to labia majora, infiltrating skin and adjacent muscles with inguinal lymphadenopathies. A full-body computed tomography (CT) scan showed a right inguinal mass irregular with locoregional invasion and right necrotic inguinal lymphadenopathy, with no detectable organ metastasis. A PET scan was carried out, showed a group of right inguinal and femoral lymphadenopathies with hypermetabolic activity realizing an ulcerated mass and fistulized to the skin. The patient received neo-adjuvant chemotherapy (5FU-Cisplatin) before excision and oncologic lymph node dissection with 3 injections of benzathine-penicillin. Afterwards she underwent 3 cycles of chemotherapy and achieved stationary state without clinical worsening. The decline is 1 month

Key message: The location of SCC in the groin and without preceding precancerous lesion is exceptional. This entity is highly aggressive with rapid lymph node involvement. SCC, a rare entity, usually presents as an indurated and / or ulcerated plaque or as a vegetative proliferation associated with a chronic inflammatory process. It is localized preferentially on the sun-exposed areas. The oncogenic role of HPV essentially 16 seems essential in this localization.

