



SKIN CANCER (OTHER THAN MELANOMA)

SPINOCELLULAR CARCINOMA ON HYPERTROPHIC LICHEN PLANUS: A NEW CASE.

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Background: Squamous cells carcinoma (SCC) rarely occurs on cutaneous lesions of lichen planus (LP). The effect relationship between these two diseases remains obscure.

Observation: A 44-year-old patient presented with a verrucous tumor of the right leg which was evolving for several months. Besides, the patient was followed for a hypertrophic LP of the two legs treated with strong topical corticosteroids and local retinoids without real remission. A biopsy made in tumor lesion showed a malignant proliferation of an acanthotic epidermis surrounding corneal cysts, forming deep lobules and infiltrating spans, surrounded by an inflammatory stroma. There were moderate cytonuclear atypias and mitoses. Diagnosis of a hypertrophic LP was established. Tumor extension checkups did not show locoregional or remote metastases. The patient had a complete surgical excision of the tumor.

Key message: The occurrence of a SCC on cutaneous LP is rarely reported. In most cases, this is a hypertrophic LP, sitting at the lower limb level. The time to progression between the diagnosis of cutaneous LP and the onset of SCC is generally long, with an average estimated at 12 years. Although a literature review contains 74 documented cases, the causal relationship between these two diseases is controversial and is not yet well established. Genetic predisposition associated with immune dysfunction and other carcinogenic factors such as radiotherapy, arsenical exposure, or UV radiation would play a significant role in the development of SCC on the LP. In our observation, no carcinogenic factors were found. Some authors also stipulate that chronic skin inflammation, scratching and possible anemia may increase the risk of genetic errors and the outbreak of SCC. Our observation is original because of the scarcity of SCC on LP and the absence of associated carcinogenic cofactors.

