Abstract

Verrucous squamous cell carcinoma is a rare entity characterized by an essentially local malignancy. We report here the case of a 65-year-old patient with a left leg amputated and fitted. The evolution was marked by the appearance of repetitive ulcerations of the stump of the amputation by friction with the prosthesis. The examination found an ulcerative-vegetative formation, whitish and irregular. Histological examination of the biopsy revealed Verrucous squamous cell carcinoma. Treatment consists of an amputation of the thigh, postoperative follow-up was simple. The etiopathogenesis of verrucous carcinoma is poorly understood. But several risk factors have been mentioned such as repeated microtrauma, and chronic inflammatory phenomena.

Keywords: Verrucous carcinoma; Amputation stump

Introduction

Verrucous Squamous cell carcinoma is a rare type of squamous cell carcinoma that is very well differentiated and has a low malignancy potential. Its appearance is favored by trauma, inflammation and / or chronic wound. Its viral origin is debated; it affects mostly plants, more rarely the palms of the hands, the amputation sites, the legs, the scalp or the face [1].

Patient and Observation

Here we report the case of a 65-year-old soldier who suffered a disfigurement of his left foot 20 years ago by an anti-personal mine explosion. Initial surgical management was leg amputation. The patient subsequently benefited a contact prosthesis; poorly maintained. The evolution was marked by the appearance of repetitive ulcerations of the stump of amputation by friction with the prosthesis. Examination of the patient found a hypotrophic stump and an ulcerative-vegetative formation, whitish and irregular, 3 cm long, painful (Figure 1 and 2). Examination of the ganglion areas did not show palpable lymphadenopathy. X-ray of the amputation stump did not reveal any bone invasion (Figure 3). The rest of the exams did not reveal any metastases (radiography of the lung, TDM thoraco-abdominopelvic, bone scintigraphy).

The histological examination of the biopsy reveals a papillomatous, exo and endophytic squamous tumor proliferation forming large juxtaposed bulbiform buds pushing deeply the adjacent dermis without infiltrating it. Hyperkeratosis is present on the surface and in the intraepidermal sinuses with intra tumoral presence of a neutrophil infiltrate forming some micro abscesses. Tumor cells of a keratinous nature are large and do not show cytonuclear atypia or signs of HPV infection. The stroma is fibrous and contains a polymorph inflammatory infiltrate.

A diagnosis of cutaneous squamous cell carcinoma of the verrucous type (Figure 4 and 5) has been retained.

Treatment consists of an amputation of the thigh,
squamous cell carcinoma [2]; verrucous carcinoma: is a rare, low-grade malignancy that develops on the skin or mucous membranes [3]. Three main types of verrucous carcinoma have been identified according to their location [4]: florid oral papillomatosis reaching the oropharyngeal mucosa, giant Buschke-Löwenstein condyloma developing in the anogenital region, and cutaneous cuniculatum carcinoma that sits on the limb lower [5,6]. It is a rare entity with a slow evolution. [3, 6, 7].

The etiopathogenesis of verrucous carcinoma is poorly understood [6]. But several risk factors have been mentioned such as repeated microtrauma, chronic inflammatory phenomena (ulcers, burn scars, leprosy plantar perforation, ulcerated lichen planus, lupus scar, plantar keratotic lesions) [4,8,9].

Clinically; it a tumor of prolonged evolution [10], often voluminous in cauliflower, exophytic, budding and painful, sometimes blistering or ulcerated [6,7]. It can simulate a wart on plants or lead to a nauseating and sluggish ulceration with possible extension to the underlying bone structures [1].

Histopathologically; it is a papillomatous exophytic proliferation at first, becoming exo-and endophytic, cytologically regular forming bulky bulbiform buds juxtaposed that push deep into the adjacent dermis without infiltrating it at the beginning. Hyperkeratosis is usual on the surface and in the intratumoral sinuses with often neutrophils and microabsces, the keratinocytes are large without atypia with exceptional mitoses and no sign of infection with HPV. The fibrous stroma usually contains a polymorphic inflammatory infiltrate. The invasion of the dermis, or even the hypodermis, occurs in the form of well-defined keratinocyte buds that are cytologically regular [1].

In carcinoma cuniculatum, an exceptional variety, described mainly on the sole of the foot but also on the face, the squamous proliferation is especially endophytic infiltrating the dermis and sometimes the hypodermis and the underlying structures, in particular bone, with large foci keratotic and cryptic that may contain microabscess [1].
Pseudoepitheliomatous epidermal hyperplasia, hyperplastic wart, Buschke-Löwenstein tumor, giant condyloma; are differential diagnoses of verrucous carcinoma [1].

The metastatic power of these tumors is low and visceral metastases are exceptional. For horizontal tumor size, a 2 cm threshold is correlated with a higher metastatic risk [11,12]. According to Rowe and al.

Regarding therapeutic behavior; Surgical resection remains today the best alternative. Local excision is possible, but exposes to the risk of recurrence[13]. Therefore, it seems better to propose a limb amputation especially if it is an extensive tumor and if the general condition allows. If this is not the case, the most complete excision must be performed to limit recurrence. No other medical treatment is effective [3,4,15]. Similarly, radiotherapy is not recommended because of the risk of anaplastic transformation [3,4,15].

Prostheses intended for leg amputation are, nowadays contact prostheses. They include a sleeve, more and more often made of copolymer materials, backed by a synthetic jersey, intended to match the shape of the stump. The prosthesis imposes on the stump a shape intended to promote the attachment of the socket, to unload the fragile areas, this device must be retouched as and when changes in shape of the stump. To avoid complications [16, 17, 18].

Conclusion

The diagnosis of verrucous carcinoma can be very difficult because of the very good differentiation of the tumor. The prognosis is good if a complete surgical excision is possible. Its prognosis is aggravated in the case of transformation into a mature epidermoid carcinoma of the usual type, the metastatic risk of which is higher[1,5,15].

Références

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