Salford Royal NHS Foundation Trust

Manchester Academic Health Science Centre

LSMDT, SSMDT and Manchester Cancer Skin Pathway Board Education Event

Thursday 23rd March 2017

Squamous Cell Carcinoma

Dermatology ST5

Salford Royal NHS Foundation Trust

Special thanks to Dr Ayer, Dr Jamieson & Dr Brooke for their help with the case and presentation

Presenting complaint

- 81M
- Fitzpatrick skin type II
- Extensive sun exposure whilst in armed forces
- Presented to 2WW Clinic
- 6 week Hx of rapidly enlarging lesion on dorsum of left hand
- Painful, weeping, exudating
- No response to flucloxacillin or fucidin (GP)

Past medical history

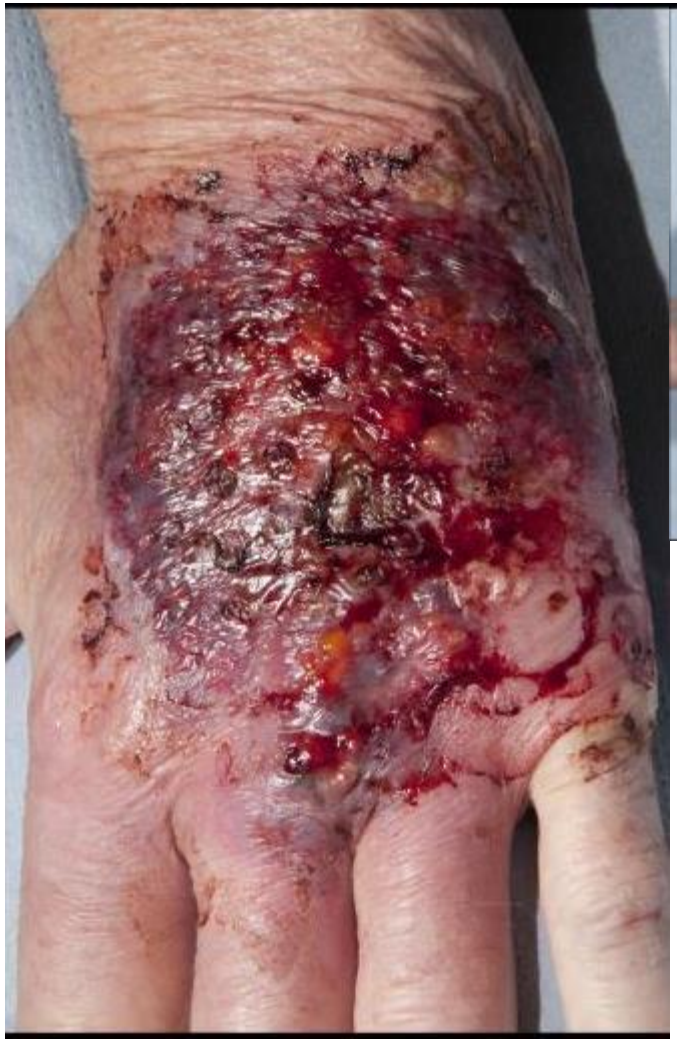
- Polymyalgia
- AF
- COPD
- Suprarenal aortic aneurysm
- Recurrent episodes of acute urinary retention

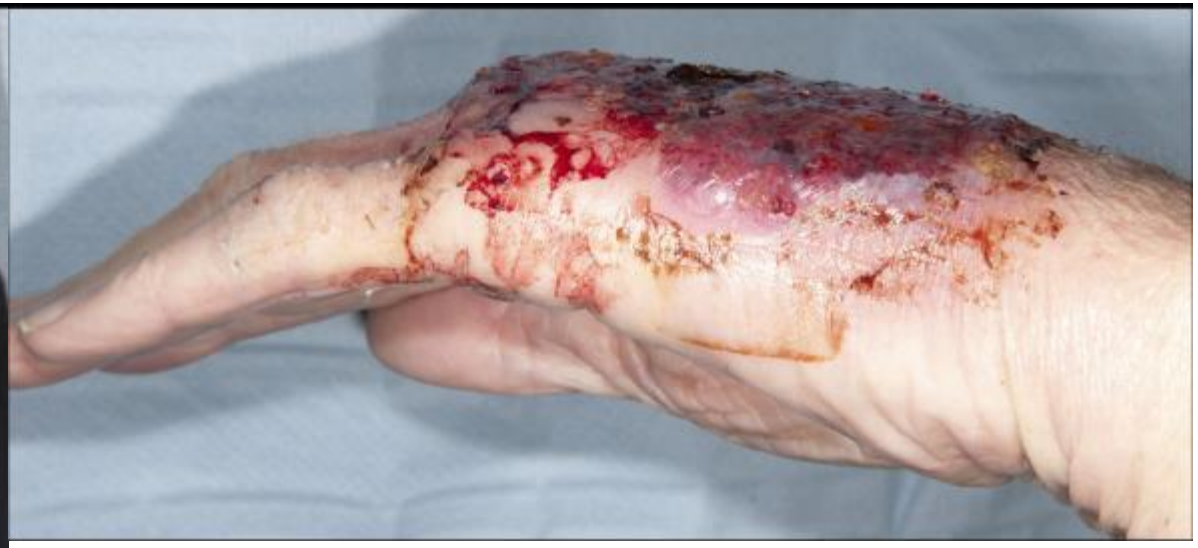
Drug history

- Warfarin
- Paracetamol
- Inhalers
- Tamsulosin

- Allergies: codeine, ibuprofen, nefopam, amlodipine

Skin examination





- 7x5cm
- Weeping, inflammatory
- Tumid, friable lesion
- Dorsal aspect of left hand
- Violaceous rim
- Clearly demarcated border
- No LNs, no organomegaly

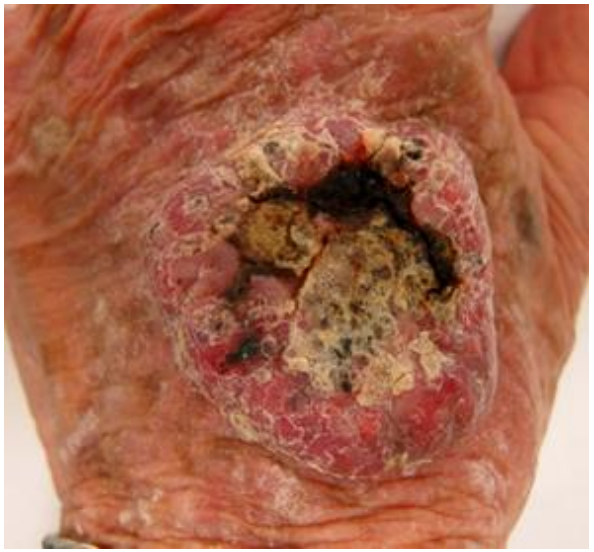
Clinical Differential Diagnoses

Neoplastic

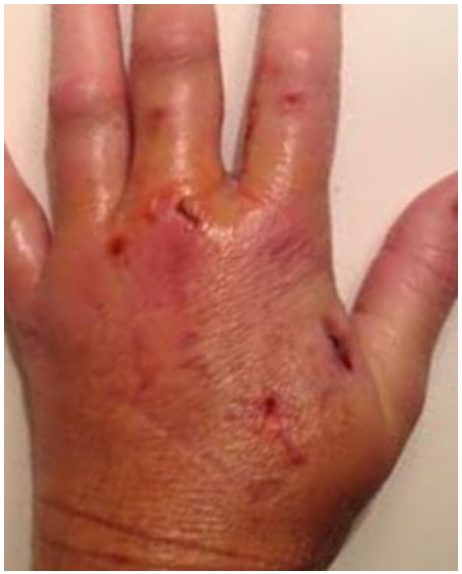
- Angiosarcoma
- Squamous cell carcinoma
- Kaposi sarcoma

Non-Neoplastic

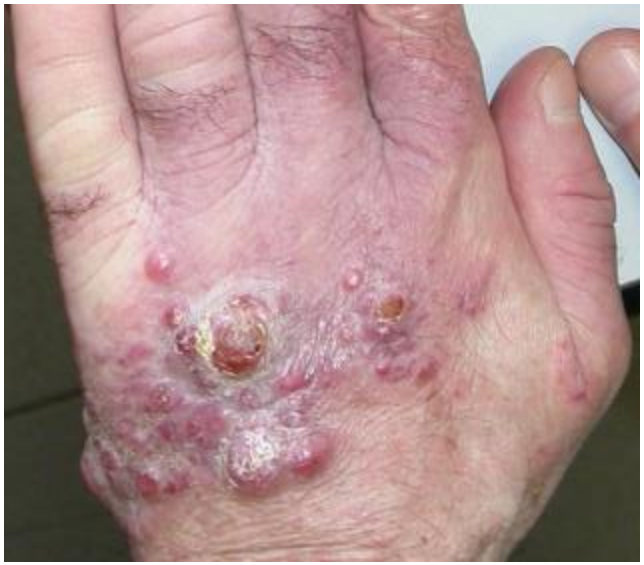
- Cellulitis
- Trauma
- Neutrophilic dermatosis of the hand
- Something else?



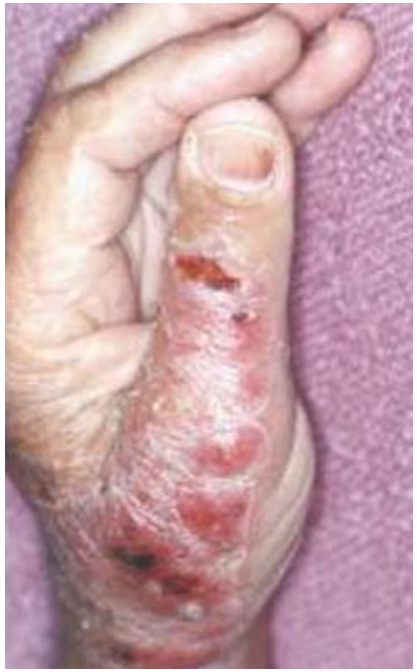
Squamous cell carcinoma



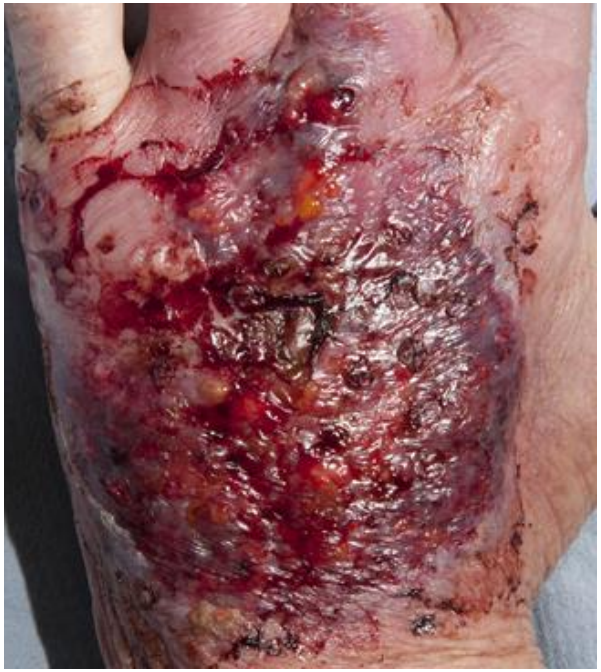
Cellulitis after dog bite



Kaposi sarcoma



Angiosarcoma



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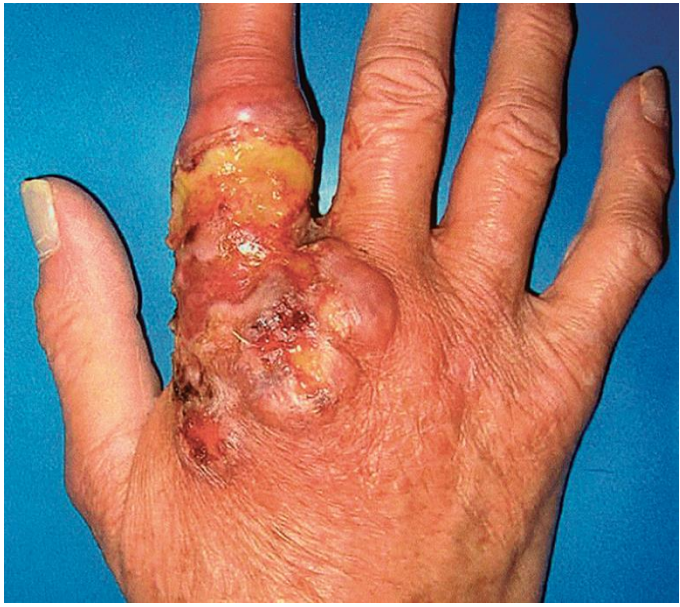
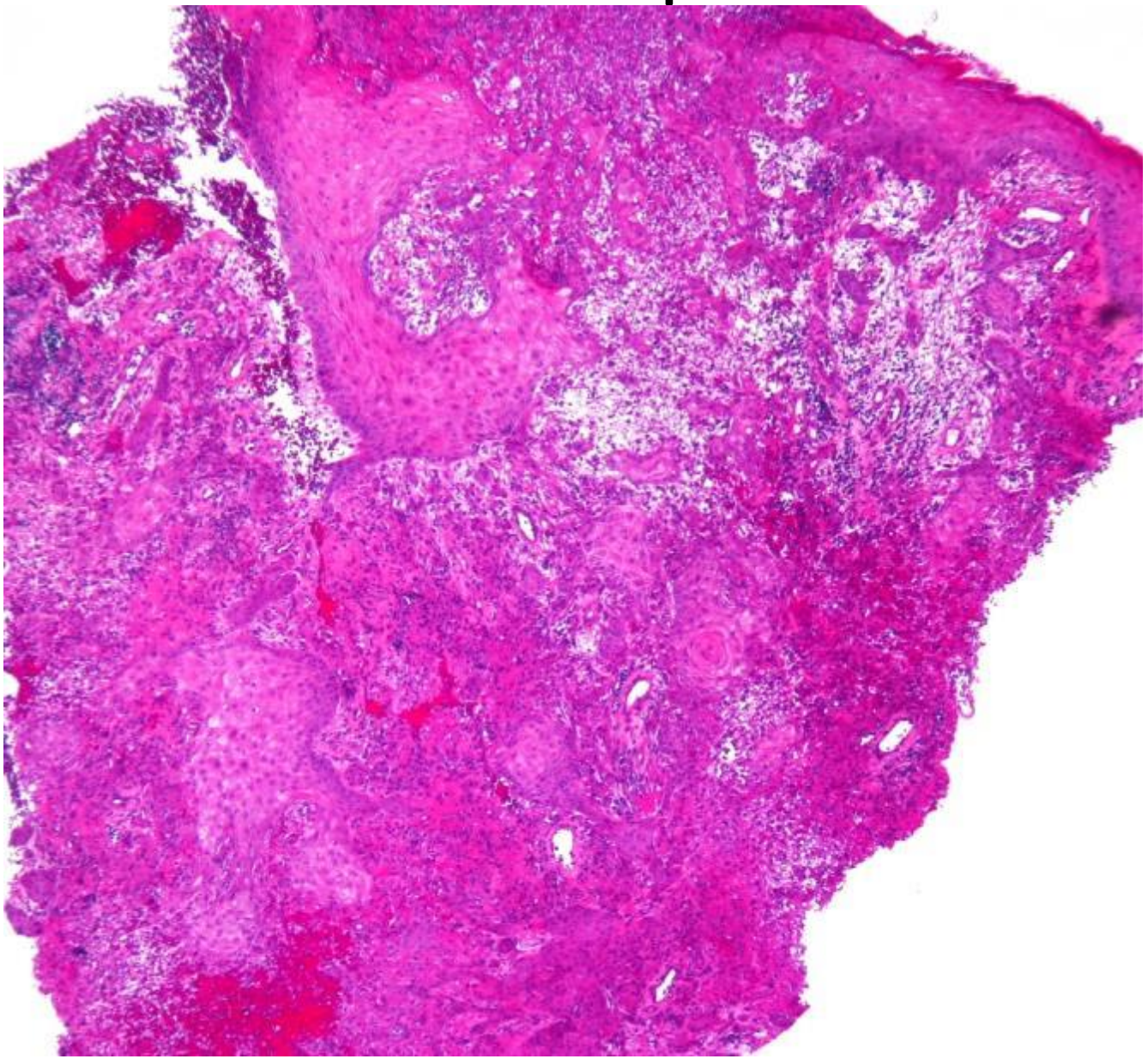


Neutrophilic dermatosis of the hand

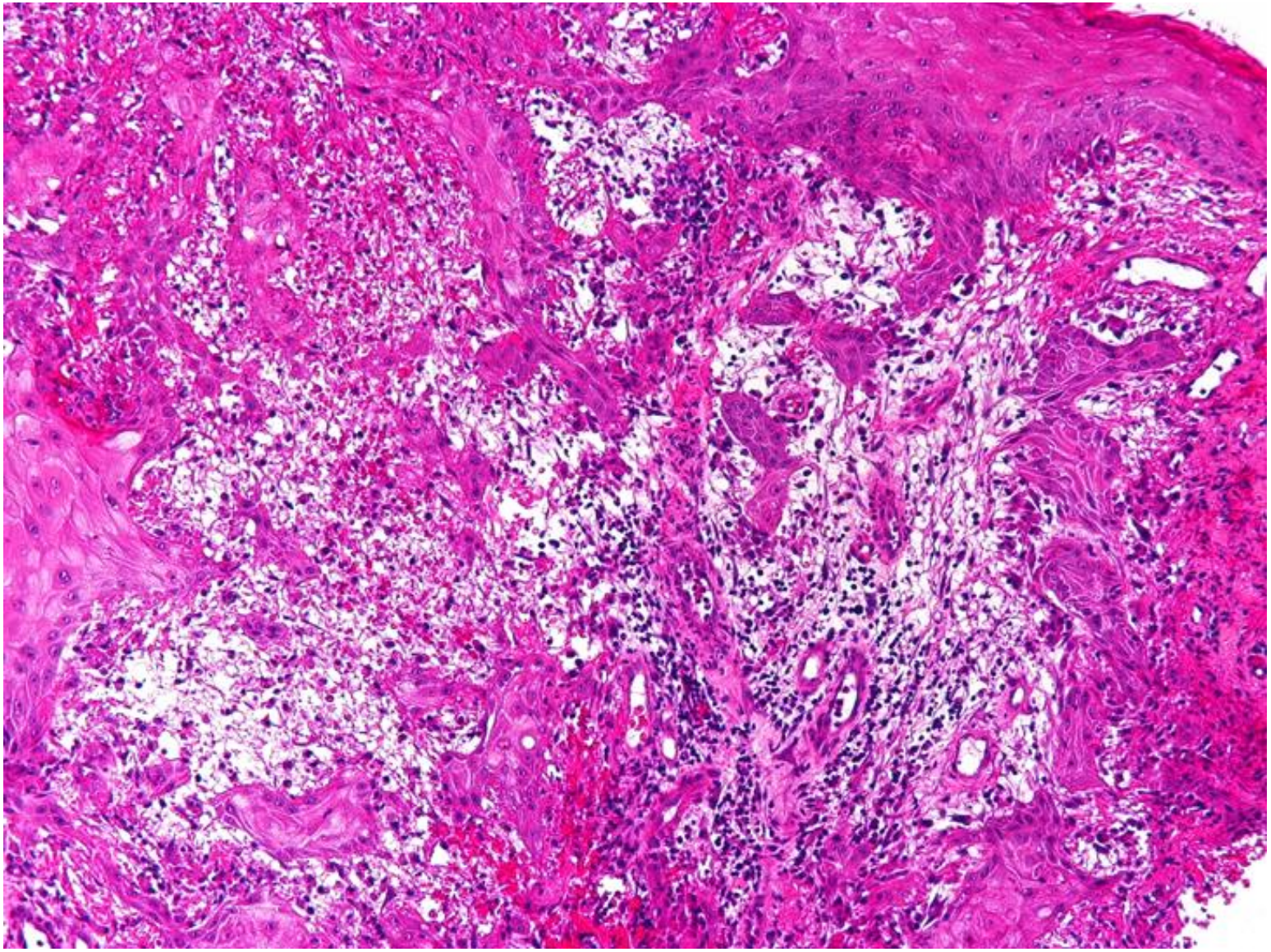
Next steps performed

- Incisional Biopsy
- Photographs
- Swabs - MC+S

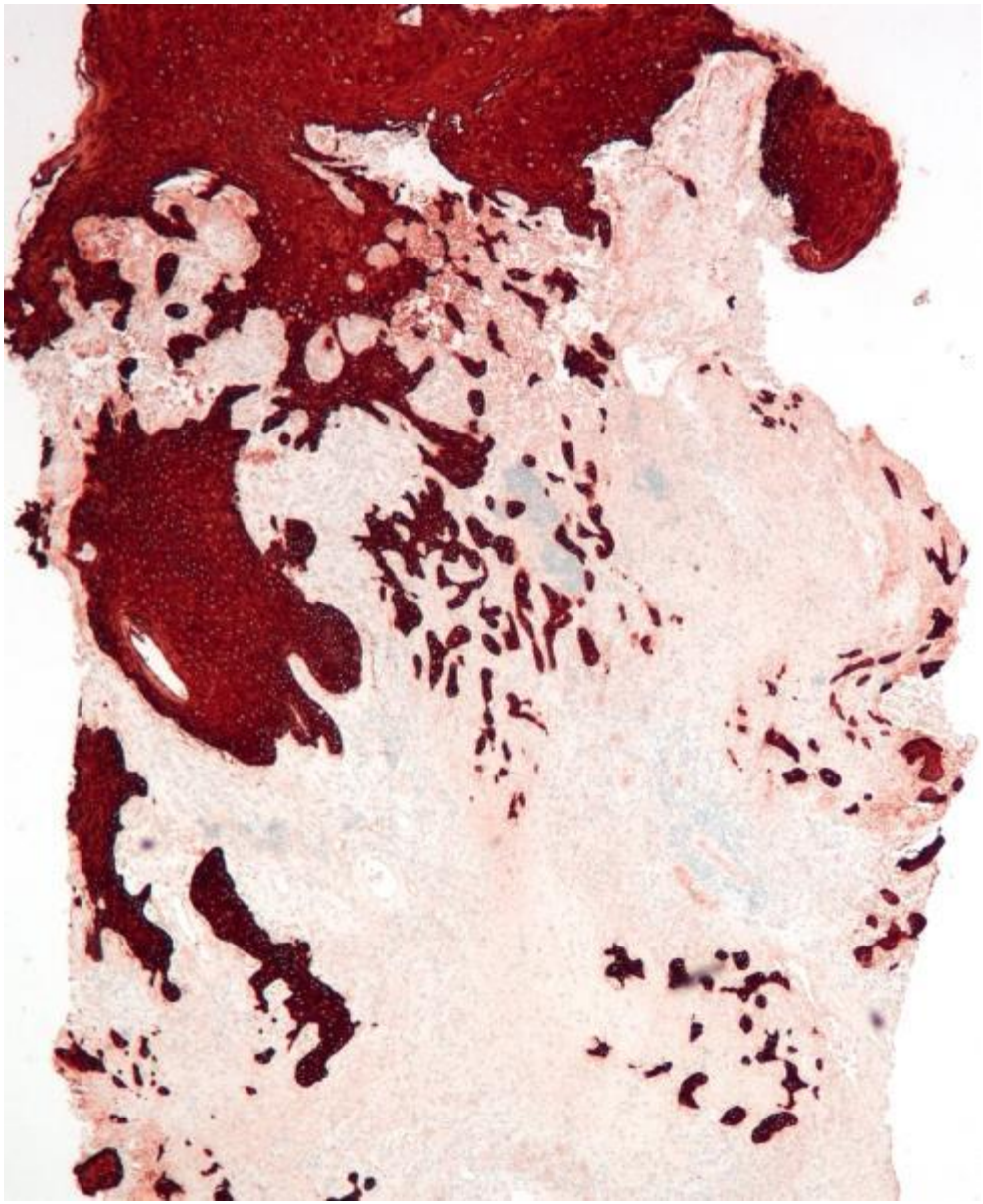
H&E – Low power



H&E – Higher power



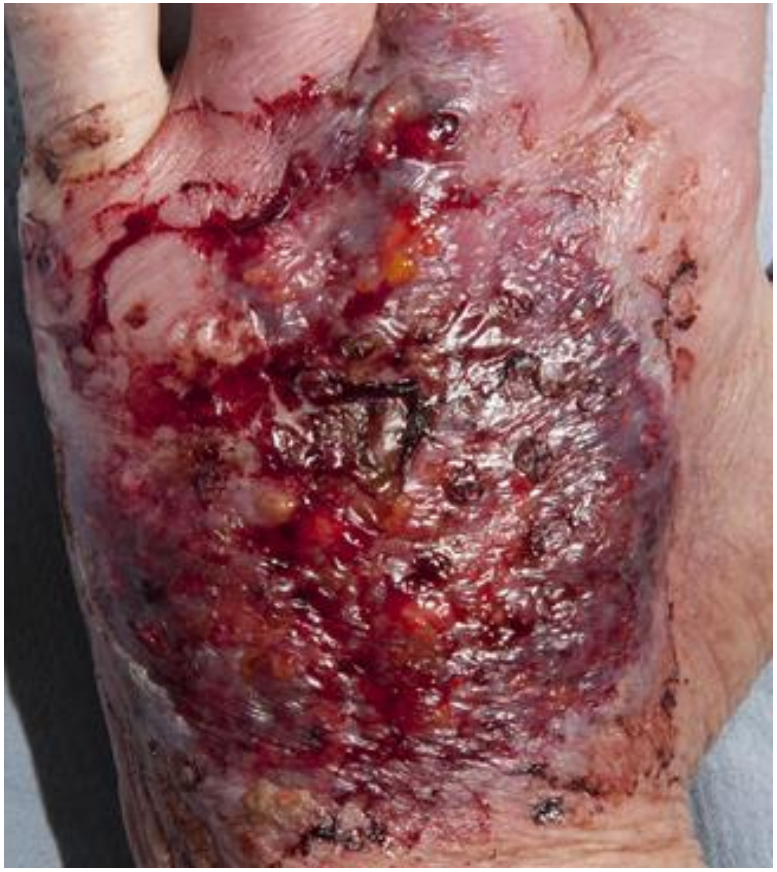
Cytokeratin staining

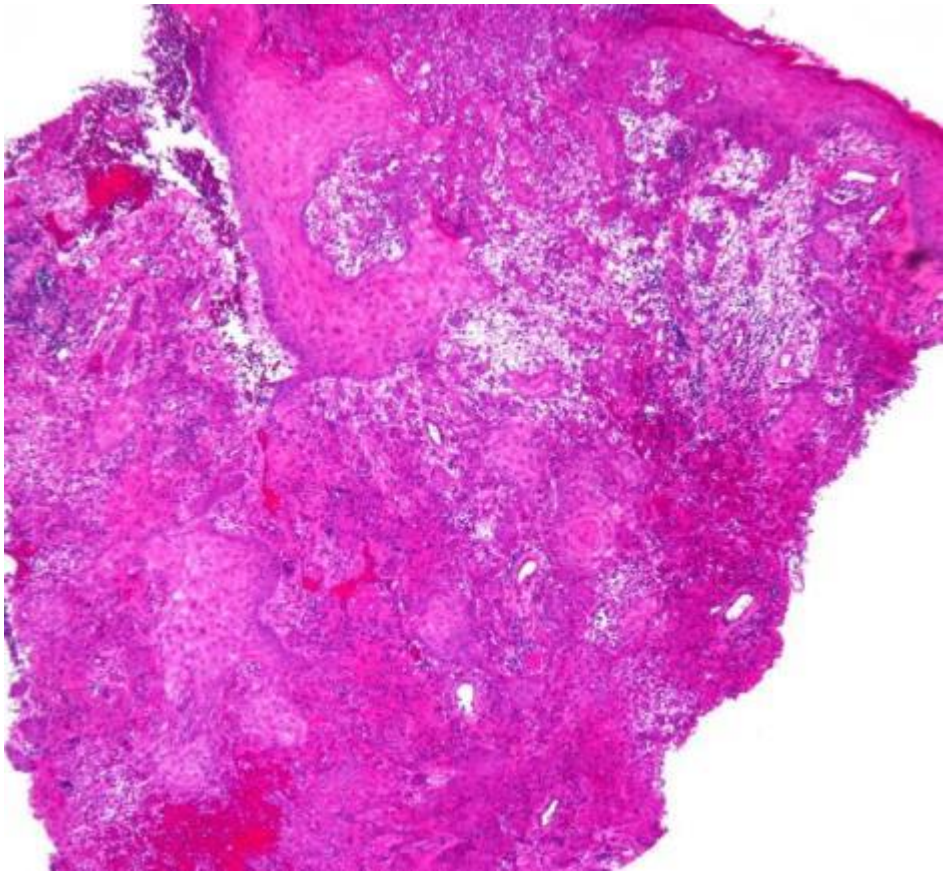


Histology Report - Conclusion

- Ragged architecture of the squamous epithelium may represents florid reactive changes (pseudoepitheliomatous hyperplasia)
- However still suspicion of the presence of invasive squamous cell carcinoma
- Advise if clinical doubt remained then a larger incisional biopsy would be recommended

Clinicopathological Correlation



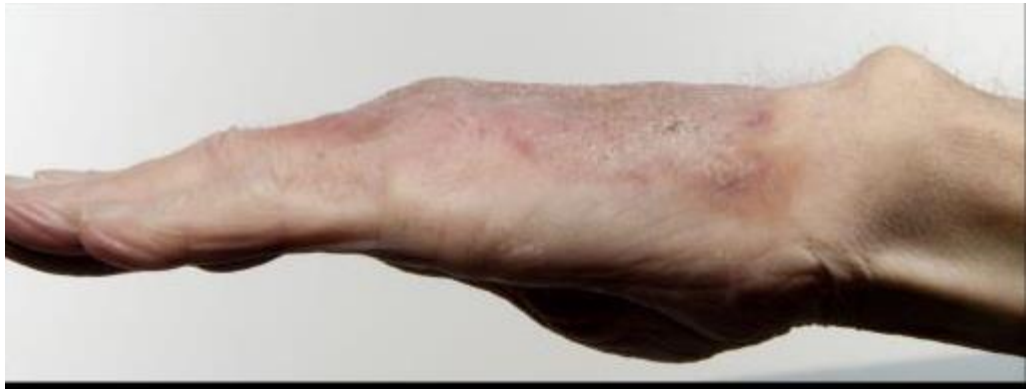


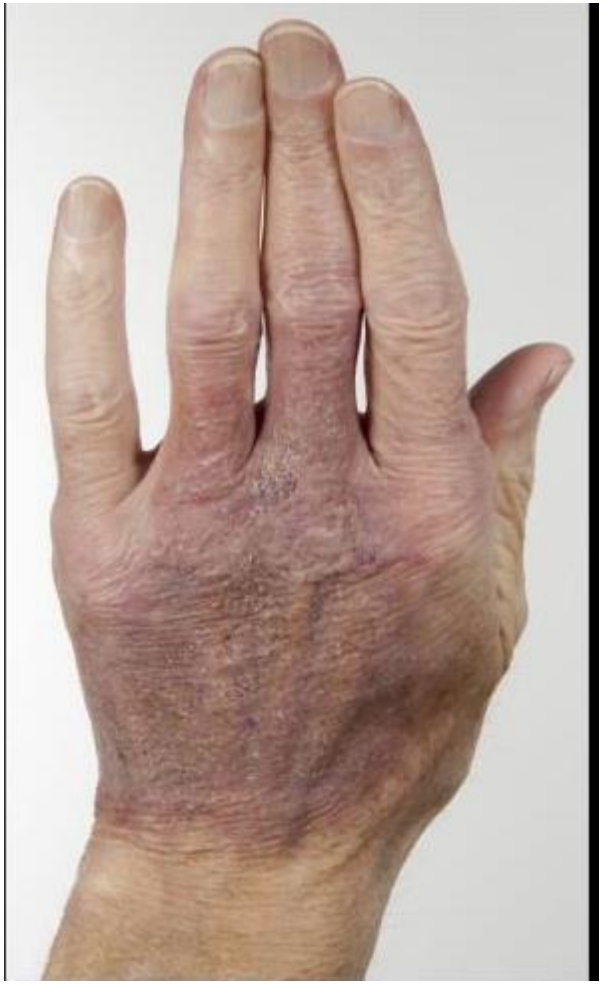
MDT Outcome Letter

- From incisional biopsy left dorsal hand probable squamous cell carcinoma
- Recommendation was for referral to the plastic surgery team for a wide excision

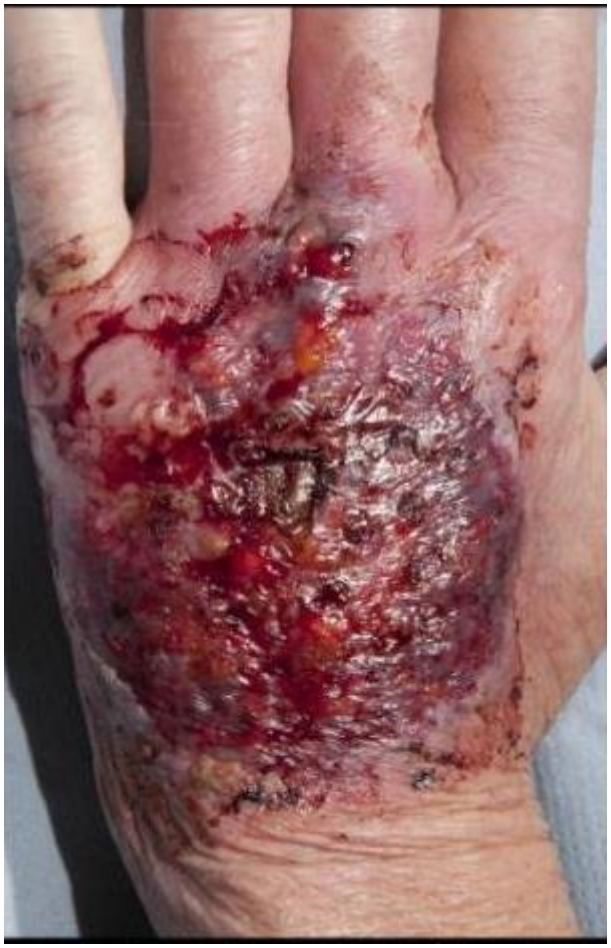
And then….

- Presented to A&E 4 days later with clinical cellulitis / wound infection
- Swab grew pseudomonas +++
- Review by dermatology levofloxacin started and area cleaned

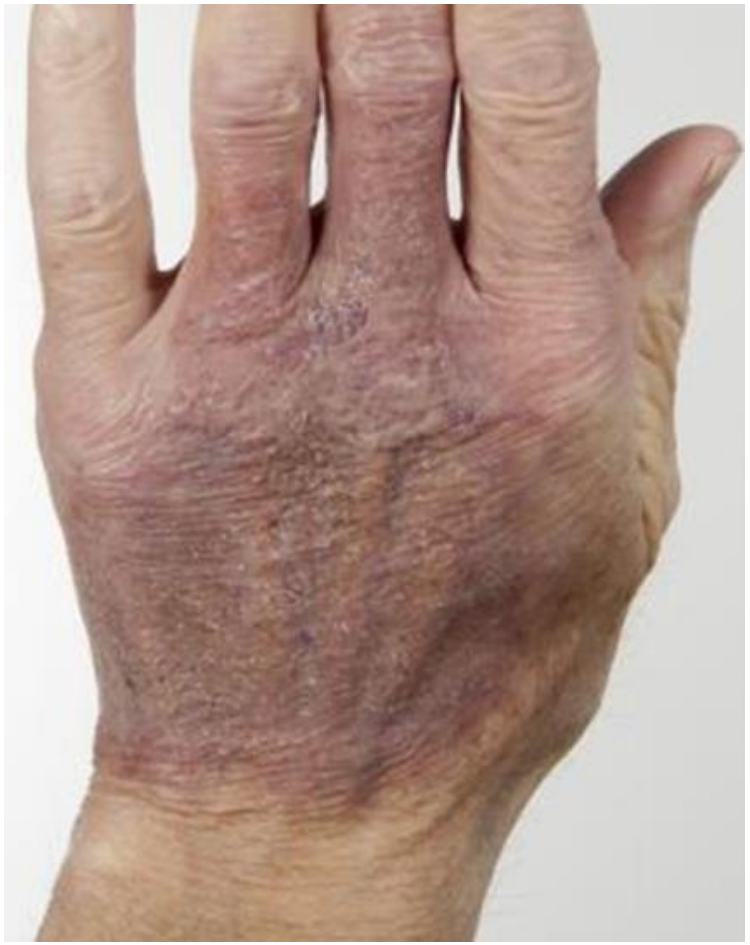




Conclusion – Lesion infective not neoplastic



At presentation



Following antibiotics

Learning points

- Be aware inflammatory lesions may macroscopically and microscopically appear cancerous
- Endeavour to send the best samples possible to histopathology
- Consider repeat clinical review, further biopsies and repeat MDT discussion if diagnostic or management doubt remains

Thank You

Any questions?