

# INVADING SPINOCELLULAR CUTANEOUS CARCINOMA OF THE HAND AND FACIAL CONCOMITANT BASOCELLULAR CARCINOMA, CASE PRESENTATION

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**Abstract:** Cutaneous carcinoma incidence is increasing, requiring the identification of certain efficient measures for early detection.

**Keywords:** spinocellular carcinoma, basocellular carcinoma.

**Rezumat:** Incidența cancerelor cutanate este în continuă creștere, situație ce necesită identificarea unor măsuri eficiente de depistare precoce.

**Cuvinte cheie:** carcinom spinocelular, carcinom bazocelular.

## CASE PRESENTATION

The patient C.F. 80 years old, coming from the rural environment is sent by the dermatologist with the diagnosis of cutaneous epitheliom of the right hand for surgical excision, being hospitalized in the surgery section of the Town Hospital of Brad on 9.11.1007.

The disease started 1,6 years ago by the occurrence of a hard palm nodule on the back side, with slow evolution in spreading until almost 3-4 months ago, when it spread rapidly at surface, at the same time with the occurrence of local progressive pains, first when moving the fingers and subsequently permanently, the patient administering by herself 4-5 tablets a day of pain killers.

The local examination revealed the presence of an exophytic tumor formation, cauliflower shaped, with irregular edges and ulcerating hemorrhagic areas and necrotic crusts, purulent and fetid which covered the entire back side of the palm up to almost 1 cm of the carpal bones articulation. The tumor adhered to the profound planes, the fingers – 2,3,4,5 were in semiflexy and easily cyanotic, the active and passive movements of them being very painful and limited (picture 1). No adenopathy at the level of upper limb or axilla was observed.

Simultaneously, the patient presented another tumor formation with the same features on the right preauricular region, of the size of a small nut, mobile as against the subadjacent planes without cervical adenopathy, in evolution of about one year (picture 2).

Picture no. 1. Invasive spinocellular cutaneous carcinoma of the hand



Picture no. 2. Basocellular carcinoma of the face



Laboratory examinations: Vsh= 43-85, H= 3.910.000, glycemia = 62mg%; Cardiovascular apparatus examination: HTA level III, increased risk class, hypertensive cardiopathy; Right hand radiography – normal aspect; Lung radioscopia: ITN; Abdominal echography = normal relations.

Following the clinical consultations and paraclinical investigations, the tumor of the hand was considered to be of III T4 N 0 M 0 stage and the facial tumor of II T2 N0 M0 stage.

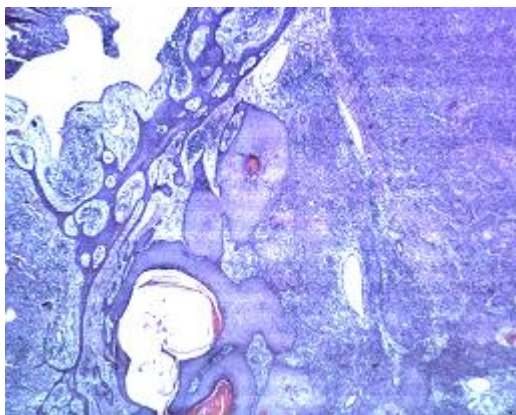
## CLINICAL ASPECTS

Having in view the tumor spread in length and depth, the patient and her family were advised that the hand should be amputated from the level of the carpal bones articulation and that the facial tumor should be removed, receiving the family's consent in this respect.

The surgery was made with the assistance of the orthopedist. The patient was locally anaesthetized, followed by the disarticulation of the hand with 1 cm safety edge; on the section, the tumor invaded the back side of the palm until the metacarpal periosteum. 5 days after, the facial tumor which comprised the dermic structures was also removed.

Histopathologic examination: squamous (spinocellular) epidermoid carcinoma of the hand and adenocystic basocellular carcinoma of the face.

### Picture no.3. Squamos epidermoid carcinoma of the hand.



Simple post surgical evolution. The patient was included in the oncologic evidence.

### DISCUSSIONS:

Cutaneous cancers incidence is increasing, requiring the identification of certain efficient measures for their early detection (5,7,6). The most known cutaneous cancers are: basocellular carcinoma (CBC) and spinocellular carcinoma (CSC).

The ultraviolet radiation of the sun light is considered to be the main etiologic factor, to which chemical factors, ionized radiations, smoking, irritation, cutaneous ulcerations and different human viruses are added.

According to UICC, stadialization of cutaneous carcinomas takes into consideration the tumor characteristics, presence of adenopathy, tumor histopathologic examination or the tumor biopsy, radiography, CT when needed and according to these factors, the therapeutic strategy is subsequently established.

Surgical excision represents the basic therapy (with the exception of melanoma), a safety edge of 3-5 mm being necessary for the small tumors and one up to 1 cm in case of large tumors (7,9,10)

Regional limfadenectomy is required when the presence of tumoral adenopathy is confirmed from the clinical and histopathological point of view. Other treatments applied in case of cutaneous carcinomas: Mohn micrographic surgery, cryosurgery, curettage and electrodesection, radiotherapy, photodynamic therapy,

The risk for methastasis in the cutaneous CSC is on average of 2%, being in direct relation with the histologic subtype, localisation, depth, tumor differentiation level, presence of adenopathy and metastases and age.

Amputation, as a radical therapeutical method, is indicated in the large cutaneous tumors, when the other therapeutical procedures are old fashioned.

We consider that the patient's late surgical treatment was due both to the patient's negligence and to the environment she was living in, to the lack of the minimum sanitary education and to the lack of the periodical check up from the part of her psysician. Surgical excision in early stage would have shortened the patient from this severe psychical and physical handicap.

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## CLINICAL ASPECTS

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