

Primary Care 2018: Anogenital squamous cell carcinoma in neglected patient and primary care- Danka Svecova- Comenius University, Slovakia

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Abstract

Statement of the Problem: Skin cancer is the most commonly diagnosed cancer worldwide. Most of skin cancer is nonmelanoma cancer, either basal cell carcinoma or squamous cell carcinoma. **Methodology & Theoretical Orientation:** Screening for skin cancer showed insufficient screening examination by a physician as well as by patient. Gynecologist for genital wart with podophyllotoxin cream treated a Caucasian 56-years old female patient. She did not achieve complete response and therefore she has interrupted the therapy and the collaboration with the gynecologist. **Findings:** At the time of evaluation the lesion had a size of man's palm in anogenital region and showed characteristic features of neoplasm. The regional lymph nodes have produced infiltrated painful bubo. PCR analysis for HPV proved negative. Histopathology revealed well-differentiated squamous cell keratinizing carcinoma from the tumor as well as from the regional lymph node packet. Staging computed tomography scans proved negative and pelvis scans disclosed regional lymphadenopathy underlying the tumor. Palliative radiation therapy (by linear accelerator) was administered for the oversize tumor to the total TD 50.0Gy. The patient died six months after diagnostic assessment from the cardio-respiratory failure. Staging computed tomography before her death did not disclose distinct metastases in her inner organs. Well-differentiated squamous cell keratinizing carcinoma could be growing endophytically affecting the underlying adipose tissue and musculature, with spreading into the regional lymph node. The rate of metastasis into inner organs seems to vary according to the aggressiveness and metastatic behavior of each SCC. **Conclusion & Significance:** The case report calls for attention to the importance of collaboration among various specialists assisting with the diagnosis and management of skin neoplasm. Education in screening for skin cancer is important in preventive primary care. Fig.1: CT scan showed necrotic enlarged packing of lymph nodes in the left groin (arrow-head).

Fig.2: Squamous cell carcinoma infiltrates adipose tissue (hematoxylin and eosin, x250) References 1. Madan V, Lear J T and Szeimies R M (2010) Non-melanoma skin cancer. *Lancet* 375:673-85. 2. Goulart J M, Quigley E A, Duszka S et al. (2010) Skin cancer education for primary care physicians: a systematic review of published evaluated interventions. *J Gen Intern Med* 26:1027-35. 3. Cassarino D S, Derienzo DP and Barr R J (2006) Cutaneous squamous cell carcinoma: a comprehensive clinicopathologic classification. Part one. *J Cutan Pathol* 33:191-206. 4. Petter G and Hausteil UF (2000) Histologic subtyping and malignancy assessment of cutaneous squamous cell carcinoma. *Dermatol Surg* 26:521-530. 5. Fernandez Flores A (2008) CD30+cells in regressing keratoacanthoma and in non-keratoacanthomatous squamous cell carcinoma. *Bratisl Lek Listy* 109:508-512

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