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CASE REPORT

SQUAMOUS CELL CARCINOMA OF THE LOWER LIP ARISING IN DISCOID LUPUS LESION A CASE REPORT

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ABSTRACT

Introduction

Rare examples from the literature report a possible degeneration of mucosal lesions of L.E.C. We report a case of squamous cell carcinoma grafted on a lesion of the lower lip in a patient followed for L.E.C. at the ENT and Maxillo-facial department of Mohamed VI University Hospital of Oujda.

Case report

A 47-year-old man, with a notion of photosensitivity, presents an atrophic erythematous-violet plaques in the photo-exposed zones evolving for 20 years, evoking chronic discoid lupus cutaneous without any clinical, biological or radiological sign of systematization. The patient had a painful lower ulcer-budding process that had been evolving for 2 years, with suspected bilateral cervical lymphadenopathy.

The biopsy revealed a well-differentiated infiltrating squamous cell carcinoma. A surgical excision oncology is then performed with a labial plasty and an obviously bilateral lymph node.

Conclusion

The risk of degeneration of skin lesions of lupus discoid is minimal and rare, although monitoring of lupus scars remains essential, especially in the context where exposure to ultraviolet radiation is added as a predisposing factor for possible malignant transformation, surgical treatment is required at the appearance of suspicious lesions confirmed histologically.

KEY WORDS: Discoid lupus erythematosus, Squamous cell carcinoma.

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INTRODUCTION

Discoid lupus erythematosus is a cutaneo-mucous autoimmune disease. The etiology is unknown. The typical appearance is an erythemato-squamous and atrophic lesion, with a clear border traversed by telangiectasia [1].

Squamous cell carcinoma is the most common malignant tumor of the lips [2]. It occurs mostly in men. Risk factors are sun exposure, smoking, and chronic irritations. Malignant degeneration usually occurs on a precancerous lesion such as leukoplakia, actinic cheilitis, and lichen planus [3]. However, squamous cell carcinoma on discoid lupus lesion is a rare entity described for the first time in 1886 by Curie and Riessmeyer.

The usual treatment is surgery of resection with reconstruction plasty.

We report a case of squamous cell carcinoma of the lower lip occurring on a lesion of discoid lupus.

CASE REPORT

We report the case of a 47-year-old farmer, who is smoking at the rate of 20 packs a year, having a notion of photosensitivity with a notion of prolonged solar exposure. The patient presented for 20 years a chronic lupus of the nose, the lower lip and the upper limb confirmed by the histology (after biopsy of labial and nasal lupus lesions). He was put on topical and antimalarial treatment; the patient stopped his treatment and consulting by himself without medical advice. He was received in August 2015, at the ENT department of University Hospital Mohammed VI, for an ulceroburging tumor of the lower lip evolving for 2 years. Clinical examination revealed a friable ulcerated process bleeding

from contact, painful; and occupying 2/3 of the lower lip measuring 3cm. Our examination also revealed erythematous papular lesions, these being well limited with atrophic surface surmounted by whitish scales, and surrounded by a hyperpigmented halo ranging from 5mm to 3cm in diameter located on the cheeks, the left temporal region and the lobules of the ears, and also slightly erythematous achromic spots it was 5 cm long axis.

Figure 1: ulcero-budding lesion of the right half of the lower lip

These lesions was on the nasal dome and the dorsal face of the 2, 3, 4,5th fingers. In addition, the patient had bilateral mandibular adenopathies of inflammatory appearance; the largest one was 1.5 cm.

The patient was prescribed a sunscreen and synthetic antimalarial cream (Plaquenil 400 mg twice daily) and Protopic 0.1%.

The biopsy showed well-differentiated infiltrating squamous cell carcinoma.

Panendoscopy did not reveal a synchronous tumor. The extension assessment has discover no visceral metastases and no signs of systemic lupus.

An oncologic resection surgery was performed with a labial plasty by a Karapandzic flap and a modified radical neck dissection taking lymphatic levels from I to IV (Figure 2, 3).

There were no complications with good flap healing (Figure 4). The anatomopathomogic examination of the operative specimen showed healthy margins and non-tumoral ganglia.

The patient's follow-up was favorable without any sign of local or distant recurrence, the patient presented a microstomia for which a commissurotomy was performed correcting the limitation of mouth opening with good aesthetic recovery.

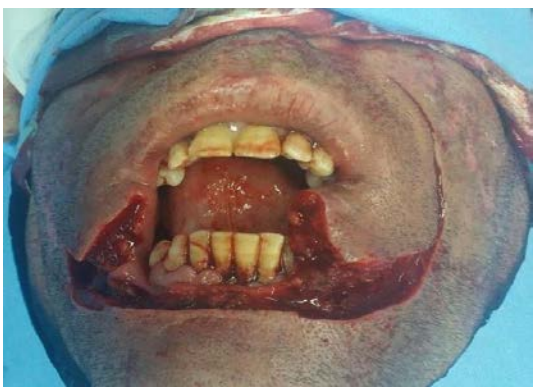

Figure 2: Carcinologic excision of the tumor with Karapandzic flap

DISCUSSION

Squamous cell carcinoma is a rare complication of discoid lupus erythematosus. Indeed, its overall incidence is 3.3% [4].

Figure 3: Reconstruction of the lower lip by Karapandzic flap

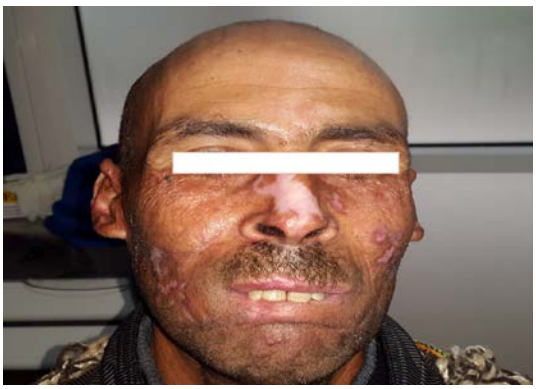

Figure 4: Post-operative aspect of the patient, good healing of the Karapandzic flap Note lesions of the lupus in the cheeks and nasal dorsum

The lower lip is the location most affected by the malignant transformation of the discoid lupus lesion, with a frequency of 83.3% of cases according to Liu [5]. This is in agreement with several authors who report discoid lupus as well as the malignant transformation of it occur mainly in cutaneous areas exposed to the sun [6, 7, 8]. Several factors have been incriminated, in addition to ultraviolet rays, as predisposing to malignant transformation of DLE, such as the scar character of the lesion (essential role), and long-term immunosuppressive therapy [5,8]. The diagnosis can be evoked clinically; however, a histological proof is necessary to confirm the carcinomatous degeneration, Asanafi and Werth [8] suggest that diagnosis should be withheld only after careful reassessment and biopsy of the suspect lesion.

Labial squamous cell carcinomas require excision surgery with a reconstruction adapted to the loss of substance. Several techniques can be used; Camille Bernard flap,

Abbot-Estlander flap, Gillies' technique ... The flap of Karapandzic seems to us preferable considering the speed of its realization, but also because it allows a reconstruction while respecting the labial continence and sensibility. However, it may be responsible for a microstomia. Whatever the reconstruction technique, the functional aspect is an essential element of any lip reconstruction [9]. Carcinomas larger than 2 cm in diameter associate a prophylactic cervical lymph node dissection possibly combined with radiotherapy depending on the number of lymph nodes affected and the presence of capsular rupture. For some authors, at

least one suprahyoid lymph node dissection is systematically indicated for any tumor greater than 1 cm. Direct radiotherapy on the lesion, and particularly, brachytherapy may be considered, however surgery remains the treatment of choice. [10]. Squamous cell carcinoma associated with lupus is more aggressive than conventional squamous cell carcinoma. Carcinomatous recurrence with lymph node metastases and rates of mortality are 10% to 20% higher than that of squamous cell carcinomas not related to discoid lupus [11]. Therefore, aggressive therapy is justified.

AUTHORS' CONTRIBUTIONS

The participation of each author corresponds to the criteria of authorship and contributorship emphasized in the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals of the International Committee of Medical Journal Editors. Indeed, all the authors have actively participated in the redaction, the revision of the manuscript and provided approval for this final revised version.

CONCLUSION

The risk of degeneration of cutaneous lesions of L.E.D is minimal, although monitoring of lupus scars remains essential, especially when the patient is in a context of significant sunlight or exposure to ultraviolet radiation, which is added as predisposing factors for possible malignant transformation. Surgical treatment is required as soon as the appearance of suspicious lesions whose malignancy is confirmed histologically.

PATIENT CONSENT

Written informed consent was obtained from the patient for publication of this case report.

COMPETING INTERESTS

The authors declare no competing interests.

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