

Two in One- Malignant Melanoma and Squamous Cell Carcinoma in a lady of 85 : A Case Report

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ABSTRACT

Association of malignant melanoma and squamous cell carcinoma in a patient simultaneously, though not common is not rare also. We are reporting a well built lady of 85 with co-morbidities presenting with black ulcerated swelling on left middle finger and a tense mass 1.5cm in diameter raised from the surface on the lateral aspect of Right upper arm with patchy redness and a black spot on the summit. Patient's relatives refused operation of the arm mass till it ulcerated in spite of repeated advice and caution. During first operation on the left middle finger which was done under local anesthesia (not fit for GA). Finger swelling came out to be malignant melanoma pT4b pNx. We had to operate twice on the arm swelling because it recurred after first operation two and three months after finger amputation. It was squamous cell carcinoma of high grade.

INTRODUCTION

Association of malignant melanoma and squamous cell carcinoma is uncommon but not rare. Frequency of multiple cancers varies between 2.4% to 10% in different series. Etiology of this association is not clear. Resection with adequate healthy margin is the treatment option. Our patient is healthy more than one year after the first operation. Photograph taken on 25.4.2020. Case report Eighty five years old lady came to surgery OPD (mid February 2019) with chief complaints: -

- Black ulcerating swelling on left middle finger for last 5-6months.
- 1.5cm wide mass over lateral aspect of right upper arm raised 1cm from surface.

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Patient was well 5-6months before. She developed blackening of the nail of left middle finger. Then a swelling developed involving distal phalanx and proximal inter phalangeal joint which later ulcerated with bleeding tendency. She later noticed the mass of the right upper arm when ulceration has occurred on left middle finger. Past history of:-

- Hypertension
- Chest pain
- TIA.

Patient can't walk for Knee Problems and obesity.

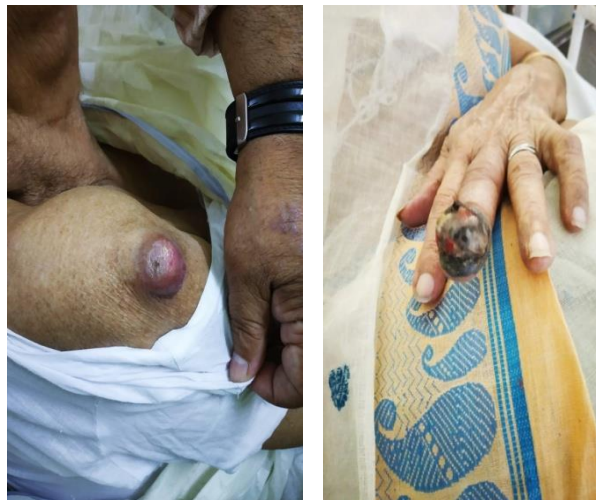


Fig-1 : Swelling on right upper arm and ulcerated swelling on left middle finger



Fig-2 : Ulcerated swelling on the Right upper arm

1. INVESTIGATIONS :

- X-ray left hand : irregular soft tissue swelling at the tip of left middle finger , no osseous involvement.
- Hb 11.4G WBC 5.4thousands/mm³ platelets adequate.
- Clotting profile LFT lipid profile blood sugar WNL now.
- USG abdomen: No As cites Pleural effusion No para- aortic lymph glands, single gallstone.

- ECG sinus rhythm with SVE left ant hemi block. Poor R wave progression, Rt bundle branch block.

2. OPERATION :

Amputation of left middle finger from proximal interphalangeal joint with a covering skin flap. At a later date, excision of ulcerating swelling of right upper arm with healthy margin. Came out to be high grade Squamous Cell Carcinoma.

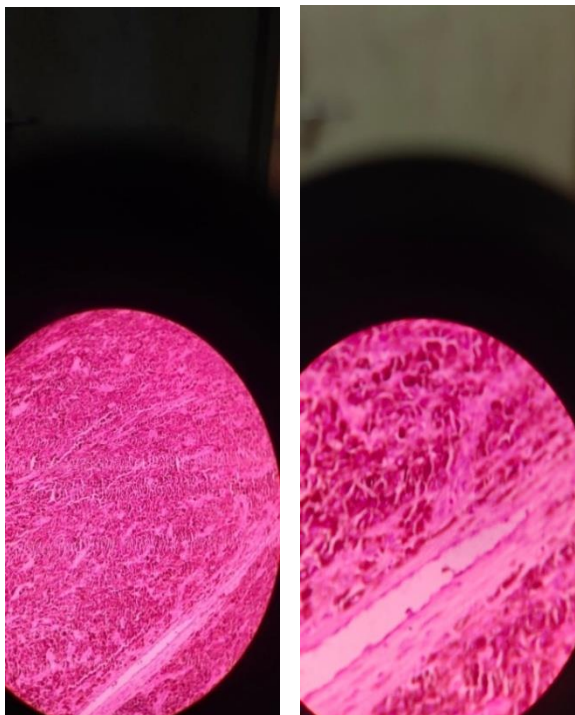


Fig-3: Histopathology – Malignant Melanoma of left middle finger, terminal phalanx

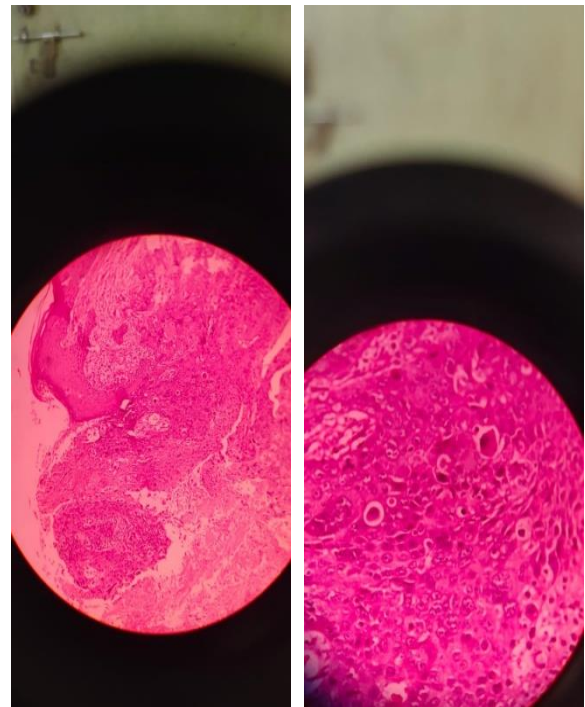


Fig- 4: Histopathology – High grade squamous cell carcinoma on right upper arm

Malignant Melanoma: tumour size – 2.5*2*1 cm, site – dorsal aspect of distal phalanx of left middle finger, tumour thickness – 9mm, ulceration present.

Squamous Cell Carcinoma: mass size – 5*4*2 cm, site – right deltoid region, ulceration present on the outer surface. Show sheets and nests of malignant cell having hyper chromatic nuclei and displaying cellular pleomorphism. Pigmentation and brisk mitosis are noted.

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Reg No : RG/2503190234 Patient Name : Mrs. BHABANI BHATTACHARJEE Dept. / Unit : SURGERY/UNIT 08 Referring Doctor : FEMALE SURGICAL [2] Ward/Room :	ValNo : IPD/250319/05 (SPC) Age/sex : 64 Y 0 M 18 D / FEMALE Doctor : Dr. SUDARSHAN SEN FEE : 00 Valid Date : 25/Mar/2019	Result Date Time: 08/Apr/2019 4:18PM Sample Type :
Order No. ORD/250319/1398 Lab No. HP/25019	Result Test Name: BIOPSY (MEDIUM) NATURE OF SPECIMEN Amputation of left middle finger from proximal interphalangeal joint. STORY OF PATIENT Amputated left middle finger from proximal interphalangeal joint. GROSS APPEARANCE Received a specimen of left middle finger measuring 4.5x2x1.5 cm. An ulcerated mass is seen on the dorsal surface of the distal phalanx measures 2.0x2x1 cm. The surrounding skin appears hyperpigmented. Cut surface of mass shows multiple dark brown to black solid well-defined areas. (Representative sections given). MICROSCOPIC FINDINGS Procedure - Amputation of middle finger from proximal interphalangeal joint. Specimen laterality - Left. Tumour site - Dorsal aspect of distal phalanx. Tumour size - 2.5x2x1 cm. Macroscopic Satellite nodule - Not identified. Histologic type - Invasive melanoma (nodular melanoma). Maximum Tumour (Breslow) thickness - 9 mm. (section F) Ulceration - Present (C2). Microsatellite - Cannot be determined due to abundant melanin pigment obscuring morphology. Margins - Proximal resected skin and soft tissue margin (A) - Uninvolved. Proximal resected Bone margin (B) - Uninvolved. E one underlying tumour (D) - Bone proximal to tumour (E) - Uninvolved. Mitotic rate - Cannot be determined. Atypical Clark level - IV (melanoma invades reticular dermis). Lymphovascular invasion - Cannot be determined due to abundant melanin pigment obscuring morphology. Tumour infiltrating lymphocytes - Cannot be determined due to abundant melanin pigment obscuring morphology. Tumour regression - Present, involving less than 75% of lesion. Regional lymph nodes - Not submitted or found. pT4b staging - pT4b, pNx	
Dr. KRISHNENDU MUKHERJEE - MOPATHY (PROFESSOR & HOD)	Dr. KEYABASU - MOPATHY (PROFESSOR)	Dr. NAVYATRAISWAL - MOPATHY (TUTOR/DEMONSTRATOR)
Report Checked By (The Test Report shall not be reproduced except in full without written approval of the laboratory)	Please Co-senate Clinically User : DIPAK BHUJAL	Page 1 of 1

Fig- 5: HP Report of Left Middle Finger

Order No. ORD/60619/2411	Result Date Time: 11/Jun/2019 4:29PM
Lab No. HP/36019	Sample Type : -
Test Name: BIOPSY (MEDIUM) NATURE OF SPECIMEN Fungating mass from the right shoulder (deltoid) region.	Result GROSS APPEARANCE Single elliptical skin covered tissue piece measuring 5x4x2 cm. Outer surface shows an ulceration with protrusion of a friable mass. Cut section shows solid grey white area touching the deep resection margin. MICROSCOPIC FINDINGS Multiple sections show sheets and nests of malignant cells having hyperchromatic nuclei and displaying cellular pleomorphism. Pigmentation and brisk mitosis are noted. Large areas of necrosis are seen. Overlying epidermis is ulcerated. The deep resection margin is involved. Circumferential (skin) resection margin is free. IMPRESSION Squamous cell carcinoma, G2, involving the right shoulder region. Deep resection margin is involved.

Fig- 6 : HP Report For Right Shoulder

3. DISCUSSION :

No systemic therapy could be arranged for this patient for many reasons. Patient was lost in follow up, her age, immobility. The patient is alive more or less okay, completed her 86th birthday.

The patient was advised to follow-up every two weeks for the next six months and was asked to consult a Radiation Oncologist.

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Fig- 7 : Patient as on 25.04.2020

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