

SQUAMOUS CELL CARCINOMA ARISING IN VERNEUIL'S DISEASE

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CARCINOME A CELLULES SQUAMEUSE SURGISSANT DANS LA MALADIE DE VERNEUIL

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RÉSUMÉ

Prérequis : Maladie de Verneuil ou hidrosadénite suppurée est une infection chimique avec phénomène cicatriciel, touchant essentiellement les régions apocrones de la peau. La dégénérescence néoplastiques constitue une complication peu commune mais grave de l'hidrosadénite suppurée.

But : Rapporter une nouvelle observation de dégénérescence néoplastique sur maladie de Verneuil.

Observation : un patient âgé de 60 ans , porteur depuis 30 ans d'une hidrosadénite suppurée, consulte pour dégénérescence néoplastique en regard de ces lésions. Une large excision a été réalisée. Les suites ont été simples et la peau a cicatrisé de première intention. A 18 mois de recul aucune récidive n'a été observée.

Conclusion : Carcinome à cellule squameuse est une complication peu commune de l'hidrosadénite suppurée. L'excision chirurgicale est le traitement de choix.

SUMMARY

Background : Verneuil's disease or hidradenitis suppurativa is a chronic suppurative, and cicatricial inflammatory disease, mainly affecting apocrine-bearing area of the skin. Squamous cell carcinoma is an uncommon but a frightening complication of hidradenitis suppurativa.

Aim : To report a new case of squamous cell carcinoma arising in Verneuil's disease.

Case report : We reported a case of 60 year old man with a 30 years history of hidradenitis suppurativa in which squamous cell carcinoma arise. A wide surgical excision removing the tumour and leaving a large defect was performed. The patient had a well recovery, wounds healed well by primary intention. No recurrence observed at 18 months of follow up.

Conclusion : Squamous cell carcinoma is an uncommon complication of hidradenitis suppurativa. Surgical excision represents also the treatment of choice

MOTS - CLÉS

Peau, Maladie de Verneuil, dégénérescence, Carcinome à cellule squameuse, hidrosadénite suppurée

KEY - WORDS

skin, Verneuil's disease, squamous cell carcinoma, hidradenitis suppurativa

التنكس السرطاني أثناء مرض فرناي

الباحثون : بن عشور . ج ، بوعسکر . ي ، نجاح . هـ - زريبي . هـ - بدوي . ر ، قاسمي . ف ، حاني . م . أ ، نويرا . ر ، زوغلامي . أ ، نجات . ن .
مرض " فرناي " هو خمج مزمن متزامن مع ظاهرة نادبية تمس المساحات المقترزة من الجلد ويمثل التنكس السرطاني إحدى المضاعفات النادرة لكن الخطيرة لهذه الإصابة تشتمل دراستنا على حالة واحدة لمريض عمره ٦٠ سنة حامل لهذا المرض منذ 30 عاما و أصيب بتنكس سرطاني موضعي خضع المريض لإستئصال جراحي و لم نسجل أية مضاعفات و لا تنكس 18 شهرا بعد العملية نستنتج أن العلاج المثالي لهذه الإصابة هو الإستئصال الجراحي
الكلمات الأساسية : جلد - مرض فرناي - تنكس - سرطان .

Verneuil's disease or hidradenitis suppurativa is a chronic suppurative, and cicatricial inflammatory disease, mainly affecting apocrine-bearing area of the skin, and leading to abscess and chronic fistulas formation [1]. Squamous cell carcinoma is a rare complication of hidradenitis suppurativa (1,7 to 3,2%) [1-2].

We report a new case of a squamous cell carcinoma complicating a perineal hidradenitis suppurativa.

CASE REPORT

A 60 year old man with a 30 years history of hidradenitis suppurativa developed 6 months ago a polypoid and ulcerated formation within the chronic lesions. The physical exam found multiple cutaneous sinus ports in the anal verge, the perineum, and the left buttock. The skin of these regions was tender and darkly pigmented. The diagnosis of hidradenitis suppurativa was consequently retained. There was bulky ulceration of 5 cm of long axis located at 5 hour in knee-elbow position. The rectal examination was normal. The tumor didn't seem to infiltrate the anal sphincter. Regarding this lesion within the sinus ways, malignancy was highly suspected. Multiple biopsies were performed under local anesthesia. The biopsy specimen showed a well-differentiated squamous cell carcinoma. The extension assessment (Chest Radiography, Abdominal Ultrasound, Computed Tomography Scans of the abdomen and the pelvis) was negative. A large cutaneous excision removing the tumour and saving the anal sphincter was performed under general anesthesia. The limits of excision were clear. A left lateral colostomy was also performed. The pathology showed a well-differentiated squamous cell carcinoma. The excisional margins were clear of malignancy. The patient had a well recovery and the wounds healed well by primary intention. The intestinal continuity was restored two months later. At the follow up (18 months after surgery), the patient was well and no local recurrence or metastatic signs were found.

DISCUSSION

Our case supported the fact that perineal localization of hidradenitis suppurativa is more common in men, and the average age of occurrence is about 50 years [3]. Squamous cell carcinoma is an uncommon but severe complication of hidradenitis suppurativa, with only 40 cases being previously reported in literature [1-4]. This complication can arise, in fact, in chronic hidradenitis suppurativa with an average duration of

20 years. In our case, the malignancy arised in a perineal hidradenitis suppurativa evolving since 30 years. It generally interests the areas of skin reshaped by chronic fistulas [5-6]. The propagation is very fast. The carcinomatous transformation does not seem to have a direct relationship with hidradenitis suppurativa in itself. It seems actually to be more related to the inflammatory process and to the chronic ulcerations in the areas where irritation is inevitable [7]. Surgery remains the treatment of choice and consists of a wide excision of the lesions because of the risk of a multifocal disease and in-depth invasion [1-3-4]. An abdominoperineal resection may be necessary if the anal canal is invaded [4]. A colostomy can be performed especially when skin cover is planned [8]. The choice of the skin cover method depends on the extent of the defect. The healing can be obtained either by silastic foam or by split skin grafting. For our patient, the absence of an anal sphincter infiltration allowed us to perform a skin excision preserving the sphincter function. A skin cover method was not necessary and a lateral colostomy was done to allow the cicatrisation of the skin area. The long evolution of hidradenitis suppurativa before the occurrence of malignancy contrasts with the very fast propagation of the squamous cell carcinoma. It is common to see early recurrences after complete surgical excision [4]. A strict follow up after surgery is therefore imperative. A metastatic dissemination may occur early [9-10]. It seems then clear that the squamous cell carcinomas arising hidradenitis suppurativa are much more harmful than those arising in normal skin [5]. Survival at 2 years seldom exceeds 50% [4]. This bad prognosis reported in the literature, contrasts with the good evolution of our patient. In fact, 18 months after surgery, clinical and radiological exams don't show any relapse. The best treatment is by consequence preventive and consists of a wide surgical excision of hidradenitis suppurativa lesions and a systematic histological examination.

CONCLUSION

Squamous cell carcinoma is an uncommon complication of hidradenitis suppurativa associated with a very dark prognosis. A wide surgical excision and a systematic histological examination must then be performed for each hidradenitis suppurativa even though the defect has to be important. The follow up must be strict. Surgical excision represents also the treatment of choice of squamous cell carcinoma arising in hidradenitis suppurativa even though the results remain disappointing.

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