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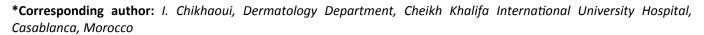
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CASE REPORT

Verrucous Carcinoma: An Underdiagnosed Tumor

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Verrucous carcinoma is a rare, low-grade, well-differentiated squamous cell carcinoma. The diagnosis of this condition is often delayed due to its slow evolution, we report a case of a Verrucous carcinoma diagnosed after 2 years of evolution.

Materials and Methods

A 70-year-old female patient with a history of type 2 diabetes and hypertension presented to our consultation with a lesion on the posterior thigh that had been evolving for 2 years.

Dermatological examination revealed an exophytic lesion with a verrucous surface bleeding on contact and measuring 4 cm, associated with a painless, mobile homolateral adenopathy.

A skin biopsy revealed a verrucous tumoral lesion with extensive keratin strata composed of basophilic cells showing cytonuclear abnormalities associated with a fibroinflammatory reaction of the stroma, indicating verrucous squamous cell carcinoma. A complete excision was then performed (Figure 1 and Figure 2).

Results

Classically, verrucous squamous cell carcinoma is described as a rare tumor, affecting men in their sixties almost all cases described in the literature are in men. However, our case is in a female patient.

Warty carcinoma is a well-differentiated squamous cell carcinoma described by (Aird, et al.) in 1954 as a tumor of the foot, its pathogenesis is poorly understood but some authors describe the role of microtrauma, chronic inflammatory phenomena such as (ulcers, burn

scars, necrobiosis, lipoic necrobiosis, osteomyelitis, lichen planus, lupus scars...).

It is essentially locally invasive and has a painful course, with a gradual and regular increase in size and surgical management seems to be the best therapeutic option.

Conclusion

To conclude verrucous squamous cell carcinoma remains essentially locally invasive and has a painful course, with a gradual and regular increase in size therefore surgical management seems to be the best therapeutic option.

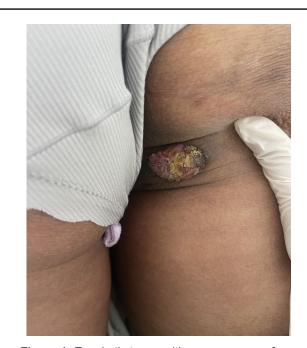


Figure 1: Exophytic tumor with a verrucous surface.



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Figure 2: Dermoscopy of verrucous carcinoma.

