

Squamous Cell Carcinoma Arising in An Uncared Gluteal Sinus: An Unusual Presentation.

Praveen Kumar Mathur¹, K M Garg²

¹Asst Professor, Dept Of General Surgery, JNUIMSRC, Jaipur.

²PHOD Dept Of General Surgery, JNUIMSRC, Jaipur

Abstract : Squamous Cell Carcinoma (SCC) is a rare complication in chronic sinus disease. Here we present a patient diagnosed as SCC arising from an uncared gluteal sinus. A 55 year old female, admitted with discharging sinus left gluteal region since 17 Years, without any medical consultation. Now she has presented to us because of addition of pain and foul smelling of discharge. Excision of swelling in toto was done, revealed it to be a well differentiated SCC.

This case illustrate the importance of medical attention of chronic discharging sinuses, as it can develop such fatal complication of S.C.C. and a proper treatment of this should be carried out as soon as the diagnosis is established.

Keywords: gluteal sinus, squamous cell carcinoma, neglect)

I. Introduction

Gluteal sinus is a benign disease, and often complicated by infection if left uncared. Malignant degeneration is a rare complication observed in chronic sinus disease, reported in approximately 0.1% of patient with recurrent pilonidal sinus disease^(1,2). The precise mechanism by which chronic wounds develop malignancy is not known and many theories have been postulated. It has been pointed out that every cutaneous scar which is subjected to continuous irritation has an increased potential for malignant degeneration⁽³⁾.

Here in we present a patient diagnosed as SCC arising from a neglected gluteal sinus.

II. Case Report

A 55 Year old woman presented with a swelling left gluteal region, which she correlates to an injection given about 30 years back. The injection was given by a local compounder in the village. After about two weeks following injection, she developed a small swelling at the local site, which gradually grew in size and persisted for more than 10 years.

Subsequently swelling ruptured of its own with a discharge of purulent material and regressed in size. She consulted some practitioner in village and incision and drainage was done. After this wound healed but persisted as a sinus for about 17 years. For about two months swelling was increasing in size and became painful, which led her to come to us.

On examination there was a swelling of 3" x 3" , firm in consistency over left gluteal region with a sinus opening of about 3mm and thick watery, dark grey coloured discharge with a foul smell (Fig1) . Wedge biopsy taken from the margin of the sinus revealed SCC.

Subsequently, a planned wide excision done with 1cm margin and primary closure achieved (Fig2,3), cut section of specimen revealed a well defined solid tumor (Fig.4) and histopathology reported as well differentiated SCC.



Fig. 1: Initial presentation of Gluteal sinus



Fig.2 – Showing wide excision



Fig.3 – Showing non involvement of underlying musculature



Fig.4 - cut section of specimen showing well defined solid tumor



Fig.5 – Photograph at 3 weeks showing primary healing

III. Discussion

A sinus is a blind ending tract that connects a cavity lined with granulation tissue (often an abscess cavity) with an epithelial surface. Congenital sinuses arise from the remnants of embryonic ducts that persist instead of being obliterated and involuted during embryonic development. Acquired sinus occur as a result of the presence of a retained foreign body, specific chronic infection, malignancy or inadequate drainage of the cavity (4).

Gluteal sinus is a benign disease and often complicated by infection if left uncared. Malignant degeneration of a chronic wound has been described (5). The precise mechanism by which chronic wound develop malignancy is not known and many theories have been postulated (6). Some authors have stated that with chronic irritation and repeated damage of the ulcer, there is a continuous mitotic activity , as the epidermal cells attempt to resurface the open defect. This cycle of damage, irritation and repair can lead to a malignant transformation(7).

The incidence of malignancy in scar tissue has been reported as 0.1-2.5% The greatly hypopigmented and thickened scars are more likely to progress into malignant lesions (6).

Treatment of sinus is directed at removing the underlying cause. Biopsies should always be taken from the wall of the sinus to exclude malignancy or specific infection (Bailey &Love). In our case wedge biopsy from margin of sinus revealed it as SCC.

Surgical excision is the only means of providing accurate histology. The margins from primary excision should be tailored to surface size in the first instance. A 4mm clearance margin should be achieved if the SCC measures < 2cm across, and a 1-cm clearance margin if >2cm. Wide excision of the cancerous lesion with primary reconstruction of the defect forms the mainstay of treatment. Reconstruction using free latissimus dorsi flap, a buttock rotation flap and a posterior thigh rotation flap have been reported(8). But in our patient as the tumor did not invade underlying musculature, so even after wide excision, primary closure was possible (photo).

Ninety- five percent of local recurrence and regional metastases occur within five years, thus follow up beyond this period is not indicated.

References

- [1]. Chatzis I, Noussios G, Katsourakis A, Chatzitheoklitos E. Squamous cell carcinoma related to long standing pilonidal-disease. *Eur J Dermatol.* 2009;19:408–9.
- [2]. Sharma D, Pratap A, Ghosh A, Shukla VK. Malignant transformation of a pilonidal sinus surgery. 2009;145:243–4.
- [3]. Glover D.M., Kiehn C.L. Marjolin’s ulcer: preventable threat to function and life. *Am. J. Surg.*, 1949; 78: 72-780.
- [4]. Bailey & Love’s Short Practice of Surgery . edited by Norman S Williams, Christopher J K Bulstrode & P Ronan O’connel. 26th edition , CRC press Taylor & Francis group Boca Raton London New York, 2013, p593-4
- [5]. Trent JT, Kirsner RS. Wounds and malignancy. *Adv Skin Wound Care.*2003; 16(1):31-34.
- [6]. S Lal, Jayanti Bain, A K Singh, P K Shukla Saree Cancer : The Malignant changes in chronic irritation. *Journal of clinical and diagnostic research.* 2012 june, vol-6(4)
- [7]. Copcu E, Aktas A, Sismant N, Oztan Y. Thirty-one cases of Marjolin’s ulcer. *Clinical and Experimental Dermatology* 2003; 28:138-41.
- [8]. Wong TH, Khoo Ak, Tan PH, Ong BH. Squamous cell carcinoma arising in a cutaneous epidermal cyst – a case report. *Ann Acad Med Singapore.* 2000;29:757–9.