

Squamous Cell Carcinoma Arising from Lichen Planus

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Abstract

A case of squamous cell carcinoma arising from lichen planus because of its rarity is reported.

Key words

Lichen planus, Squamous cell carcinoma.

Introduction

Lichen planus is a common papulo-squamous disorder affecting about 1-2% population. It is worldwide in distribution with no racial predisposition (1).

Lichen planus has varied clinical presentation, which includes hypertrophic lichen planus, follicular lichen planus, linear lichen planus, actinic lichen planus, annular lichen planus, atrophic lichen planus, lichen planus of palms and soles. Besides lichen planus involves mucous membranes, and in about 15% of cases, lesions can be limited to mucous membranes only. Lichen planus pigmentosus is another variant of lichen planus mostly seen in India or in Middle East, which may or may not be associated with typical lichen planus (2).

Epitheliomas can develop from oral lesions, but development of epitheliomas on pre-existing skin lesions and anogenital lesions is definitely a rare phenomenon.

Case Report

A 50-year-old female presented to us for pruritic papular eruptions all over the body of one-month

duration. Her general physical examination and systemic examination did not reveal any abnormality. Her cutaneous examination revealed generalized violaceous, papular eruptions all over the body predominantly on lower legs and feet. Mucous membrane of oral cavity had few white streaky lesions. Genital mucous membrane was normal. Scalp was not involved. Nails of hands were normal, while as those of feet were showing linear striations with slight changes in colour.

Clinical diagnosis of lichen planus was made which was confirmed by histopathological examination. Immunofluorescence was not tried. Patient was put on treatment, and on repeated visits she showed marked improvement. Patient did not report afterwards. After a gap of two years patient reported back with a persistent nonhealing lesion on left dorsum of foot of one year duration. Her cutaneous examination revealed a big ulcerated growth measuring about 4 cms x 6 cms over dorsal aspect of foot. Slight oozing was noted. Margins were everted. Besides both feet showed lichenified

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patches, onychodystrophy was noted in both feet. (Fig 1). No lichen planus lesion was seen over other part of body, except few white streaks over buccal mucosa. Also few residual lichen planus lesions were seen at few sites. Histopathological examination of lesion confirmed the diagnosis of squamous cell carcinoma, which was moderately well differentiated (Fig 2).



Fig 1: Photograph showing squamous cell carcinoma on pre-existing lichen planus. Also showing onychodystrophy both feet.

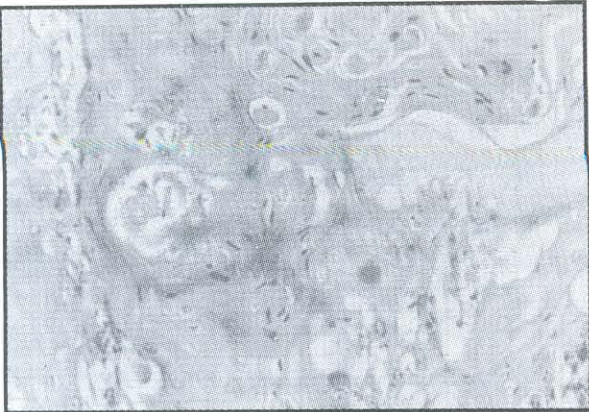


Fig 2: Showing well differentiated squamous cell carcinoma

Discussion

Lichen planus is a common papulo-squamous disorder, which has a benign course, except few variants take long

time to resolve as lichen planus hypertrophicus. Similarly lichen planus of scalp can lead to permanent complication. Usually oral lichen planus and lichen planus pigmentosa also have a long course, but they are not alarming both for the doctor and patient. Only in rare instances epitheliomas can arise from oral lesions. Epithelioma developing from skin lesion is a rarity.

Again squamous cell carcinoma usually arises in previously irritated skin, which can be due to environmental carcinogens, frostbites, and radioactive gold jewellery (3).

Squamous cell carcinoma can be an occasional complication of long standing chronic granulomas, chronic ulcers, osteomyelitic sinuses, old burn scars etc. It can develop from erythema ab igne (4). Only a relatively small number of squamous cell carcinomas can arise without some previous exogenous cause.

In our patient almost all lichen planus lesions had healed, but only few lesions persisted in both feet, leading to lichenification changes, which has acted as a precursor for development of squamous cell carcinoma. Whether squamous cell carcinoma has arisen from lichen planus itself or as a result of lichenification it is very difficult to say, as we have reported a case of squamous cell carcinoma from lichen simplex chronicus (5).

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