

Squamous Cell Carcinoma of Nose: An Unusual Presentation

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ABSTRACT

Most commonly, a carcinoma of nose is a basal cell carcinoma and a squamous cell carcinoma commonly arise from the dorsum of the nose. We present here a case of 35-year-old female with a squamous cell carcinoma of the nasal vestibule, which started as a wart and was very slowly progressive, until it was excised by a practitioner in a village. It then progressed rapidly and presented to us. The mass appeared a squamous cell carcinoma arising from nasal vestibule. The wart-like presentation also associates the etiology of squamous cell carcinoma to human papilloma virus and the disadvantages of excision of mass without proper histopathological diagnosis. The case was successfully managed with wide local excision with reconstruction by buccal and Estlander's flap.

Keywords: Squamous cell carcinoma, Nose.

INTRODUCTION

Squamous cell carcinoma of the nose is second most common cause of malignant tumors of the external nose. It usually occurs in the age group of 40 to 60 years of age. It commonly involves the dorsum of the nose. In this article, we present a case of squamous cell carcinoma arising from the membranous part of the septum which is unusual in a 35-year-old woman.

CASE REPORT

A 35-year-old female presented with a wart like growth over the left membranous septum since 6 months, it was excised under local anesthesia by some practitioner in a village. Following excision, the patient developed a mass arising from the same site and rapidly progressive to involve the area adjacent to columella and reaching 1 cm from the upper lip.

Biopsy was taken from the mass and revealed moderately differentiated squamous cell carcinoma.

CT scan did not reveal any bony involvement of the maxillary bone.

Nasal endoscopy was done to rule out any intranasal spread of the tumor.

Patient was managed with a wide local excision of the mass involving the nasal septum and left half of upper lip and reconstruction done with a buccal flap and a estlander flap.



Fig. 1: Four-week postoperative photograph

Patient received 30 fraction of radiotherapy and was asymptomatic on 6 months follow-up (Fig. 1).

DISCUSSION

Incidence

Squamous cell carcinoma is the most common malignancy (>90%) of head and neck region worldwide.

Squamous cell carcinoma is the second most common cancer of the external nose with an incidence of 11% (basal cell carcinoma being most common with an incidence of 87%).

Squamous cell carcinoma is the leading cause of malignancy worldwide.¹

Squamous cell carcinoma can present as a wart like growth and improper excision leads to rapid spread of the tumor. There are very few cases of squamous cell carcinoma arising from the membranous part of nasal septum.²

Squamous cell carcinoma is thought to arise from keratinizing or malpighian epithelial cells. The hallmark of squamous cell carcinoma is the presence of keratin or 'keratin pearls' on histologic evaluation. These are well-formed desmosome attachments and intracytoplasmic bundles of keratin tonofilaments.

The most common sites for squamous cell carcinoma are the floor of the mouth, the tongue, the soft palate, the anterior tonsillar pillar and the retromolar trigone. Tender, painful lesions usually are suggestive of perineural invasions.

CLINICAL FEATURES

Squamous cell carcinoma presents as skin-colored plaques or papules. The lesion may be smooth or hyperkeratotic. Ulceration may be present. Squamous cell carcinoma has the potential to recur and metastasize. The 5-year rate of recurrence of primary cutaneous lesions is 8%, and the 5-year rate of metastasis is 5%.³⁻⁵

Advanced lesions of squamous cell carcinoma of head and neck are very difficult to deal with and therefore even small lesions of the head and neck region should be properly investigated to prevent any misdiagnosis and proper management of the tumor. With the recent advances in reconstruction by microvascular approaches good reconstruction of the nose is possible and has lead to beer cosmetic result as well as survival for the patient.

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