

Abstract Form

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| Project Title: | Unfettered Growth of a Pyogenic-like Granuloma Squamous Cell Carcinoma | | |
| Research Category (please check one): | | | |
| <input type="checkbox"/> | Original Research | <input checked="" type="checkbox"/> | Clinical Vignette |
| <input type="checkbox"/> | Quality Improvement | <input type="checkbox"/> | Medical Education Innovation |

Abstract

Introduction:

Cutaneous squamous cell carcinoma (cSCC) accounts for 20% of all skin cancers, making it the second most common skin cancer after basal cell carcinoma. While the majority of cSCC lesions can be successfully treated with surgical resection or radiation, larger lesions are associated with poor prognosis, including greater risk of local invasion or metastasis. Prompt recognition and diagnosis is therefore a priority. Pyogenic granuloma is a benign, vascular tumor that can grow rapidly and, in some cases, can resemble malignant lesions. We report a case of a rapidly growing, fungating lesion of the knee in a 66-year-old male with an ambiguous presentation.

Case Presentation:

66-year-old male with a history of hypertension who presents for evaluation of a left knee mass. The mass was initially noted 3 months prior, with the patient believing it was a "callus." The initially flat lesion progressively enlarged into a fungating mass. The patient presented for evaluation due to difficulty walking with his left lower extremity.

Upon evaluation, a 6.8 x 5.7 x 3.5 cm fungating, pedunculated and ulcerative soft tissue mass over the left patella with serosanguineous and bloody fluid drainage was noted. Furthermore, patient presented tachycardic, with a mild leukocytosis, and elevated inflammatory markers concerning for infection. Initial imaging with X-ray of the left lower extremity demonstrated a large radiodensity involving the infrapatellar soft tissues. CT of the lower extremity with contrast demonstrated a large exophytic mass originating from the skin, with no intra-articular extension, and internal enhancing components concerning for neoplasm. Ultrasound-guided core biopsy of the mass was performed and sent to pathology. Due to insurance reasons, patient was unable to await biopsy results and was discharged to home with family with instructions to await telephone communication for pathology results.

Pathology of the fungating, skin lesion of the left patellar revealed poorly differentiated squamous cell carcinoma. Patient was contacted over the phone, with discussion of results from the biopsy. Patient was also advised to make an appointment with our oncologist outpatient for prompt initiation of treatment. Patient was seen in oncology clinic outpatient awaiting initiation of treatment.

Discussion:

cSCC is more commonly seen in sites frequently exposed to the sun. Poorly differentiated lesions can resemble pyogenic granulomas, and with unfettered growth can progress to fungating lesions. As a lesion > 4 cm, this lesion is considered a very high-risk cSCC that would benefit from chemotherapy/radiation to shrink the mass followed by surgical resection with an aim to fully excise the mass while preserving knee functionality.

Conclusion:

Squamous-cell carcinoma is the second most common cancer among whites. cSCC are associated with a substantial risk of metastasis compared to most basal-cell carcinomas. These lesions may have varied presentations as the case discussed above. Hence, timing to identifying the pathology of the lesion and initiating treatment is important.