Letter to the Editor

Case of spindle cell squamous cell carcinoma

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Sir,

Cutaneous spindle cells squamous cell carcinoma (SCC), also known as sarcomatoid SCC is an uncommon variant of squamous cell carcinoma composed of spindle cells with or without focal keratinization. Diagnostics can be made by immunochemistery using the markers including CK903, CK5/6 and AE1/AE3. The dermoscopic features of SpSCC remain unclear. We encountered a case of SpSCC and report the results of dermoscopy.

A 72-year-old Moroccan man was referred to us with 8 month history of an ulcerated, hard, reddish nodule measuring 13mm × 25mm× 9mm in the retroauricular area (Fig. 1a). Dermoscopic examination using contact and non polarized dermoscope showed linear irregular vessels, white-yellow structureless areas, yellow to light ulceration and rainbow pattern (Fig. 1b). The lesion with no metastasis was widely excised. Histopathological examination revealed the proliferation of atypical spindle cells with abundant eosinophilic cytoplasm and large nuclei. Immunohistochemical analysis showed that tumor cells were positive for cytokeratin 5/6 and negative for CD34. These finding indicated spSCC. A wide local excision was performed with a 10-mm margin from the periphery of the plaque. Neither local recurrence nor metastasis has appeared during 6 months of follow up since then.

SCSCC is a rare spindle cell variant of poorly differentiated SCC that may be diagnosed accurately by immunohistochemistry. Whereas spSCC usually arises in areas exposed to solar or ionizing radiation in elderly patients. Histologically, this tumor is characterized by a haphazard growth of atypical spindle-shaped cells in the dermis. Connection with the epidermis is not always present. The atypical spindle cells may constitute all or part of the tumor, with none or a variable component of conventional SCC forming nests, cords, and keratin pearls [1].

The differential diagnosis for this variant, in the absence of an epidermal connection or an obvious evidence of keratinization, is an atypical spindle cell lesion of the dermis. The use of the IHC markers is often required to derive a definitive diagnosis. Spindle cell SCC stains positively for p63, p40, and high-molecular-weight cytokeratins such as CK5/6. Desmoplastic melanoma stains for S100 protein and SOX10, and leiomyosarcoma stains for smooth muscle actin and caldesmon [2].

In his review of dermoscopy of SCC, Lallas and al reported that elevated nodular type is characterized of a predominant white color [3]. Here we reported dermoscopic findings of spSCC characterized with the predominance of white to yellow coloration.

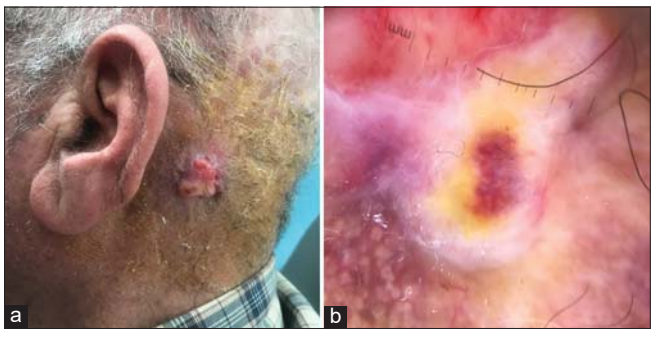

Figure 1: (a) Clinical image of a hard, reddish-gray nodule irregular of the left retroaurciular. (b) Dermoscopic examination showing linear vessels, white-yellow structureless areas, ulceration.

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CONCLUSION

This specific case may be characteristic of this entity of SCC by finding white to yellow structureless area by dermoscopy.

Consent

The examination of the patient was conducted according to the Declaration of Helsinki principles.

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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