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Metachronous Keratinising Squamous Cell Carcinoma of Skin After Adenocarcinoma of Descending Colon

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ABSTRACT
Colorectal carcinoma is the most common malignancy of the GI tract, its development involving interplay between genetic and environmental influences. With advances in diagnostic techniques and treatment modalities, the number of patients identified with colorectal carcinoma who develop multiple primary malignancies during long-term follow up has been increasing. Metachronous appearance of keratinizing squamous cell carcinoma skin at an unusual location in the same patient is quite rare. This occurrence of two different unrelated carcinomas at 14 months interval is a rare presentation.
KEYWORDS: *Adenocarcinoma, Squamous cell carcinoma, metachronous.*

CASE REPORT

A 42 year old male presented to the surgical emergency with history of abdominal pain, distension, constipation and vomiting. He had no history of fever, loss of weight or drenching night sweats. His medical and family history was not significant. On physical examination, he was poorly built, severely pale and nonicteric. Abdominal examination showed abdominal distension and generalised tenderness with sluggish bowel sounds. There was no peripheral lymphadenopathy or hepatosplenomegaly. Rectal examination was normal. Chest radiography revealed normal architecture of the thorax and lung parenchyma with no free air under diaphragm. The abdominal ultrasound revealed multiple dilated gut loops filled with air, fluid and debris with sluggish peristalsis. Baseline investigations revealed f/s/o large bowel obstruction. On emergency exploratory laparotomy, a mobile stenotic growth was seen at the terminal part of descending colon and sigmoid colon, not involving the surrounding structures. No suspicious lymphadenopathy or metastases were seen in the liver, peritoneal cavity. Resection of the growth with healthy growth free margins of colon was done and end to end anastomosis with a proximal loop transverse colostomy was performed. The histopathological examination of the lesion revealed moderately differentiated adenocarcinoma invading serosa layer and resection margins free from cancer. Patient was discharged in satisfactory condition with adequate colostomy care and referred for chemotherapy. After completion of all cycles of chemotherapy and normal loopogram study, colostomy was

closed 6 months later. Patient recovered and was discharged in satisfactory condition. The patient remained asymptomatic and after 6 months presented in surgery OPD with gradually progressive ulceroproliferative growth over the back for a few months. Local examination revealed an ulceroproliferative growth with raised, everted margins and indurated base. No peripheral lymphadenopathy was seen. Wide local excision with 2cm margins and split skin grafting from left anterior thigh was performed. Histopathological examination revealed keratinizing squamous cell carcinoma. Squamous cell carcinoma usually occurs in sun exposed areas but in our case its an unusual area of presentation. The patient was discharged in satisfactory condition and has remained asymptomatic till now.

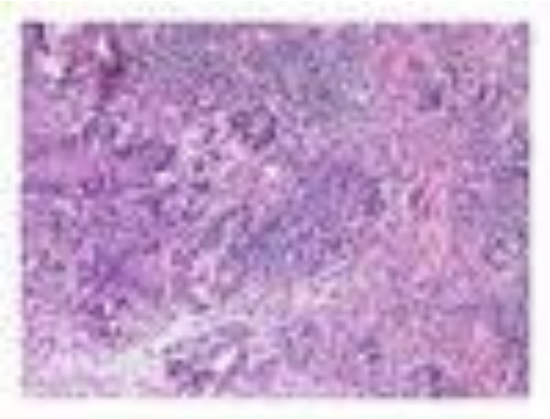

Figure 1: Histopathology of AdenoCarcinoma colon.

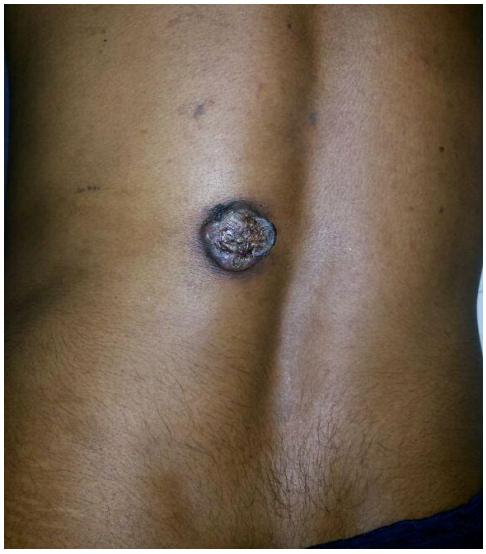

Figure 2: Ulceroproliferative growth at the back of the patient with histopathological examination proves to be Squamous cell carcinoma

DISCUSSION

Multiple primary malignant neoplasms occur more often in elderly patients, as the incidence of malignancies increases with age. A family history of cancer and genetic predisposition to cancer may be associated with a risk of multiple malignancies. The histological criteria described by Warren and Gates for diagnosing multiple separate primary carcinomas are as follows. (a) Neoplasms must be clearly malignant as determined by histologic evaluation. (b) Each neoplasm must be geographically separate and distinct. (c) The lesions should be separated by normal-appearing mucosa. [1]

Second malignancies are classified as synchronous or metachronous. According to Gluckman's definition [2] "synchronous carcinomas" include carcinomas that present either simultaneously or within a six-month period of identification of the original tumor. Carcinomas diagnosed beyond the 6-month interval are referred to as "metachronous carcinoma".[3] Our case fits the definition of metachronous malignancies.

Adenocarcinoma of the colon is the most common visceral cancer in the West, and after the skin and the breast, colon is the most common site for multiple primary malignant tumors. With advances in diagnostic techniques and treatment modalities, the number of patients identified with colorectal carcinoma who develop multiple primary malignancies during long-term follow up has been increasing. Extracolonic primary cancer is reported most frequently in skin, stomach, breast, urinary bladder, and prostate. It is shown that the association between different primaries takes place at random and that there are no favourable combinations.[4] For our patient, there was no predisposing factor or a family history that might have contributed to the development of these malignancies.

It is estimated that patients with colorectal cancer have extraintestinal primary cancers 1.4 times more often than expected. The incidence of a synchronous, extracolonic primary neoplasm is at

least equal to that of a second colonic lesion (between 4% and 5%). [5]

Through this case report we want to emphasize that it is important for the clinicians to keep in mind the possibility of a metachronous (successive) or a synchronous (simultaneous) malignancy in colorectal carcinoma patients. The possibility of a second or third malignant lesion should be considered in patients with known colon carcinoma. Postoperative long-term screening methods should be established considering the risk of multiple primary malignancies in addition to metachronous colorectal carcinoma. [6]

Squamous cell carcinoma (SCC) is an uncontrolled growth of abnormal cells arising in the squamous cells, which compose most of the skin's upper layers (the epidermis). SCCs may occur on all areas of the body including the mucous membranes and genitals, but are most common in areas frequently exposed to the sun, such as the rim of the ear, lower lip, face, bald scalp, neck, hands, arms and legs.[7] Involvement of back is an unusual location. Several case details of colonic adenocarcinoma have been reported in literature but the present case of metachronous colonic adenocarcinoma and keratinising squamous cell carcinoma at unusual location is the first case of its kind to be reported, to the best of our knowledge.

CONCLUSION

We investigated a rare case of metachoronous cancers with one primary cancer of adenocarcinoma colon and other squamous cell carcinoma occurring in unusual location. A therapeutic dilemma exists in deciding the course of treatment in patients with synchronous malignancies. More cases should be reported in literature so as to formulate a definite line of management in such difficult scenarios.

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