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Primary squamous cell carcinoma of skin of left index finger in a diagnosed case of breast cancer: A case report

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Abstract

Background: Second primary in a known patient of breast cancer are known in the breast as well as other organs such as ovaries, endometrium, stomach, colon, pancreas, gall bladder but rarely in the skin. Melanomas are reported in BRCA2 mutations in case of breast cancer, but rarely a case of squamous cell carcinoma has been seen/reported. We aim to report a case of squamous cell carcinoma of skin of middle phalynx of left index finger in a diagnosed case of invasive duct cell carcinoma breast.

Keywords: Squamous cell carcinoma, breast cancer, endometrium, stomach, colon, pancreas

Introduction

Patient was a 72 years old, non smoker, non alcoholic female presenting to surgery OPD in a tertiary level hospital of Government undertaking in Northern India, with chief complaints of awareness of flower like growth over the left index finger for past 2 months. History of excision biopsy was there following which the growth doubled in its size to the current size of 1.5*1.5 cm. Apart from the mass there was no pain associated with it and it used to bleed on mild trauma. Patient was a diagnosed with invasive duct cell carcinoma Right breast (ER/PR Positive, HER2Neu Negative) 1 year back for which patient had denied treatment and further workup at that time despite the family history suggestive of the presence of breast malignancy in patient's sister as well. Patient was a known case of rheumatoid arthritis on medications. On examination, there were two growths; one in right breast in inner lower quadrant of size 4*4cm with skin and chest wall involvement. There was no workup for skeletal metastasis, however it was negative for chest and abdomen.

Patient had another small proliferative growth of size -1.5*1.7 cm over the skin of middle phalynx of left index finger which didn't involve the underlying bone. Strangely enough the Patient demanded the removal of growth involving the skin of left index finger only and did not want to proceed with treatment of breast malignancy despite being explained thoroughly the pathology and prognosis.

Wide excision with full thickness skin grafting was planned. The excision was done with healthy margins of atleast 0.5 cm around the growth creating a defect of size~ 2.1cm*1.8cm.

The full thickness graft was taken from the right forearm and the defect was closed

Patient was discharged a few days later on satisfactory graft uptake. Patient was again advised for registration at radiation oncology department at nearby tertiary care centre for carcinoma breast and was started on palliative hormonal therapy.

Histopathology report was received after 10 days and reported well differentiated squamous cell carcinoma with clear round and deep margins. Patient was again referred to radiation oncology department for the needful.



(A)



(B)

(A) Primary Breast Cancer in Right Breast
(B) & (C) Post Op Picture of Full Thickness Grafting

Discussion

Breast cancer (BC) is the most commonly diagnosed cancer among females in developed countries, accounting for nearly one in three newly diagnosed cancer cases in women [1].

Meanwhile, age-specific incidence rate showed a trend of increased BC incidence in young women in America [2]. With the benefits of early and frequent screening assessments, advances in hormone therapy and development of systemic treatment including surgery, radiotherapy and chemotherapy, improved survival outcomes have been achieved in BC patients in recent years. Literature reported that the 5-years survival rate of female BC patients had reached to 91.1% over the period of 2008–2014 [2]. However, second primary malignancy (SPM), which is independent cancer arising after the first primary malignancy rather than metastasis or recurrence, could directly damage the quality of life and the potential long-term survival benefits of patients who have received treatments for BC. Previous research reported that second primary cancer is one of the leading causes of deaths in long-term survivors of BC [3].

Second primary in a case of breast cancer are usually associated with genetic mutations in genes like BRCA1, BRCA2, and syndromes such as Li- Fraumeni syndrome and cowden disease [4].

Soerjomataram and Coebergh [5] suggested that patients with previous cancer have 20% higher risk of developing SPM compared to the general population, and approximately one out of three cancer survivors aged more than 60 years were diagnosed more than once with another type of cancer. Previous studies also indicated that genetic [6], lifestyle and environmental [7-9] factors were tied to SPM. In addition, relevant risk factors for SPM may have clinical significance. Specifically, the role of surgical and radiotherapeutic treatments for BC patients remains controversial.

Between 1980 and 2018 only 12 cases of MPMNs involving the breast gland or the skin have been described. Among these, only two cases report the coexistence of breast and cutaneous squamous cell cancers. The first case was described by Lian in 1992, who focused on a patient suffering by six metachronous primary malignant neoplasms in a period of 10 years (cervix, larynx, skin, left breast, bladder and right lung). The second study described by Pastore *et al.* in 2013 reported the clinical case of a male patient who developed synchronous carcinoma of the bladder, squamous cell carcinoma of the forehead skin, and breast cancer [10].

In this study, squamous cell carcinoma of skin of left index finger was present in an already diagnosed case of breast cancer. The patient had a family history of breast cancer and was a known case of rheumatoid arthritis. Patient had denied any sort of treatment for past one year for breast cancer and had negative workup for metastasis at present. Patient wanted the excision of the new skin growth. After wide excision of the growth of skin, patient was put on palliative hormonal therapy considering the age and noncompliance of the patient for the systemic chemotherapy/radiotherapy.

The reason for development of second primary has been researched extensively. In this study family history of breast cancer is a strong predictor of the second non-breast primary.

Conclusion

Second primary in a case of breast cancer is usually seen in other breast, uterus, ovaries, stomach, gall bladder and rarely in skin. Melanomas have been reported previously associated with breast cancer but squamous cell carcinoma is a rare entity in a case of breast cancer. Second pathology requires as aggressive a therapy according to already established protocols.

Conflict of Interest

Not available

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Not available

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