Extensive Locally Invasive Cutaneous Tumors

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**Case One**

**Patient:** 75 year-old Caucasian female.

**History of Present Illness:** Our patient presented to the emergency department with a 2 week history of generalized weakness. She was noted to have a large fungating mass on the left posterior scalp. She reported a chronic wound secondary to injury in this region for 7 years, but noted increased size and spread over the prior 3 months. On examination, there was a large, multilobulated, beefy red, fungating mass on the left posterior scalp. There is a large area of underlying and adjacent destroyed and/or excavated bone in the upper left tempoparietal region of scalp measuring greater than 7 cm in width associated with increased edema and mass effect on CT scan which progressed despite treatment with dexamethasone and hyperalimentation. There was suspicion for tumor recurrence. Ultimately, the patient was discharged to a skilled nursing facility and did well until a fall at home secondary to weakness 5 months later. She was admitted with a large fungating mass on the left posterior scalp which invaded the underlying right frontal and parietal bones. She was noted to have a large fungating mass on the left posterior scalp for 7 years, but noted increased size and spread over the prior 3 months. The presence of any one of these risk factors reduces the 3 years survival rate from 100% to 70%.

**Medical/Surgical History:** None

**Family History:** No family history of skin cancer

**Physical Examination:** There is a large, multilobulated, beefy red, fungating mass on the left posterior scalp. There is a large area of underlying and adjacent destroyed and/or excavated bone involving the left posterior scalp and parietal calvarium.

**Histopathology:** Histopathology Network Laboratories (S15-6599, 03/11/2015), Skin, ulcerating scalp wound-“Sarcomatoid basal cell carcinoma.” (S15-10577, 04/07/2015) Invasive mass: “Cutaneous sarcomatoid carcinoma with bone invasion.” Dura: “Cutaneous sarcomatoid carcinoma in fibrous tissue.”

**Imaging Studies:** CT head with contrast. Extensive locally invasive cutaneous tumor involving the left posterior and parietal scalp. There is a large area of underlying and adjacent destroyed and/or excavated bone involving the left posterior and parietal calvarium.

**Discussion:** The locally invasive potential of the two most commonly encountered skin cancers, basal cell carcinoma and squamous cell carcinoma, have been well described. Although the mechanisms regarding local invasion are proposed to be different, they can be equally as destructive and fatal.

**References:**

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**Case Two**

**Patient:** 66 year-old Caucasian male.

**History of Present Illness:** Our patient presented to the office with a right sided scalp mass measuring approximately 15 centimeters in size that per history had been enlarging over at least the prior 18 months. The patient was living in Central Africa where he received chemotherapy, in an attempt to decrease tumor burden for surgery, prior to returning to the United States. A biopsy confirmed a moderately differentiated squamous cell carcinoma (SCC) and subsequent imaging and surgical resection was performed.

**Medical/Surgical History:** None

**Family History/Social History:** Brother with SCC and BCC

**Physical Examination:** There is a 15 x 12 cm ulcerated foul-smelling fungating tumor with a 2 week history of generalized weakness. He was noted to have a large fungating mass on the left posterior scalp measuring approximately 15 centimeters in size that per history had been enlarging over at least the prior 18 months. The patient was living in Central Africa where he received chemotherapy, in an attempt to decrease tumor burden for surgery, prior to returning to the United States. A biopsy confirmed a moderately differentiated squamous cell carcinoma (SCC) and subsequent imaging and surgical resection was performed.


**Imaging Studies:** CT scan with and without contrast: 19 x 10 x 30 mm mass ulcerating, enhancing right frontal and parietal scalp mass which invades the underlying right frontal and parietal bones.

**Histopathology:** Histopathology Network Laboratories (S15-23563, 07/23/2015). Skin and subcutaneous tissue. “Squamous cell carcinoma, moderately differentiated, 3 mm in depth with perineural invasion and regression.” Skull, frontal parietal “Invasive squamous cell carcinoma, invading through full thickness of bone into the dura.”

**Discussion:** The locally invasive potential of the two most commonly encountered skin cancers, basal cell carcinoma and squamous cell carcinoma, have been well described. Although the mechanisms regarding local invasion are proposed to be different, they can be equally as destructive and fatal.

**References:**

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