

Case Report

Squamous Cell Carcinoma

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38 years old young man presented with mass on the temporal side of cornea in the interpelpebral fissure area with symptom of only irritation in the right eye. On excision biopsy, mass turned out to be squamous cell carcinoma of the conjunctiva.

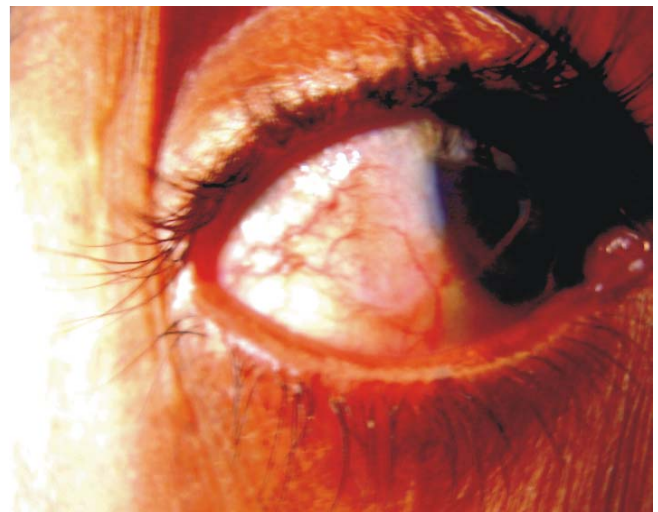
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Squamous cell carcinoma is a malignant tumor characterized by invasion of basement membrane by malignant cells or distant metastasis. When it does not involve basement membrane it is called squamous cell carcinoma in situ. Squamous cell carcinoma is believed to arise from limbal stem cell and present a mass in the interpelpebral fissure at temporal or nasal limbus. It occur commonly in elderly people. But may occur in younger people.

CASE REPORT

A male patient 38 years consulted the clinic with irritation in his right eye. On examination his vision was 6/6 in both eyes.. On slit lamp examination there was a mass about 3x4 mm on temporal side of interpelpebral fissure in the vicinity of limbus. It has gelatinous appearance with corrugated surface feeded by blood vessels. Anterior chamber was quite. Fundus examination revealed no abnormality. Regional lymph nodes were impalpable. Patient was explained about Before surgical intervention



After surgical intervention the possibilities of the lesion and consent was obtained for excision. Mass along with surrounding conjunctiva was excised under topical anesthesia and sent for histopathology and report revealed squamous cell carcinoma.

DISCUSSION

Epithelial tumor of conjunctiva is similar to cervical intraepithelial tumor (CIN). Squamous cell carcinoma manifest unilateral localized patch of redness, a mass with gelatinous appearance or diffuse conjunctivitis. Due to its variable appearance, it may pose a diagnostic challenge as a masquerade syndrome. It is more common in Caucasian people having male (75%) dominance, elderly tendency as more common after 60 years. purported causes of squamous cell carcinoma of conjunctiva are excessive ultraviolet light, human papiloma virus type 16, long standing inflammation, chronic wear of contact lenses and cigarette smoking. Morbidity is related primarily involvement of conjunctiva and cornea. Distant metastasis is possible. Death may occur due to intracranial spread. Squamous cell carcinoma should be differentiated from other local causes like pterygium, pingecula cancer like conditions like squamous cell carcinoma, basal cell carcinoma, rhabdomyosarcoma, Dermoid. Once there is suspicion about squamous cell carcinoma, lesion should be excised and sent for histopathology. Recurrence rate is 50% after incomplete excision and 10% for completely excised

lesion. Prognosis is reasonably good for completely excised lesion.

Patient should be informed about the entity and recurrence even after years. So patient should have routine follow-up.

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