
Evidence based management for the Squamous Cell Carcinoma using HOMOEOPATHY

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ARTICLE INFO

Keywords:

SCC

PNI

CARCINOMA

ULCER

HOMOEOPATHY

A B S T R A C T

Squamous cell carcinoma of skin or commonly called as cutaneous squamous cell carcinoma (SCC) and its uncommon manifestation called Perineural invasion (PNI) corresponds to around 9 % of all the cutaneous carcinomas. Clinicians should be aware of this uncommon finding, as PNI has been associated with increased local recurrence, local, distant metastasis and poor prognosis. Patients with clinical findings like ulceration or symptoms like pain, paraesthesia and other clinical findings associated with perineural involvement have a poorer prognosis than those incidentally discovered on histologic examination, which emphasises the importance of a thorough history and neurologic examination in patients with cutaneous SCC to identify those who will require more aggressive therapy.

The treating physician should have precise knowledge regarding the clinical manifestation of this deadly disease as early diagnosis and prompt treatment can reduce morbidity and mortality of the disease.

1. Introduction

INCIDENCE AND PATHOGENESIS:

Incidence and pathogenesis- Perineural invasion was initially described in Cruveilhier in a report of invasion of the facial nerve in a patient with mammary carcinoma.

Neumann reported the first case of a primary carcinoma of the lower lip with invasion and spread along the mental nerve. Perineural invasion is seen in approximately 5% of 200,000 total cases of cutaneous SCC reported annually in the United States.

Many other malignancies exhibit PNI very closely include microcystic adnexal carcinoma of the skin, which has been reported to have an 80% rate of perineural growth. Characteristics of cutaneous SCC that predispose the lesion to PNI include size greater than 2 cm, male gender, location on the face and prior treatment of the lesion. In another study of 180 SCC tumours of the head and neck with PNI, Carter et al found that PNI was most commonly seen in tumours that were greater than 2.5 cm, suggesting that larger lesions have an increased predisposition for PNI.

Chen-Tsai et al also suggested that levels of neural cell adhesion molecules be a factor in determining the metastatic potential of cutaneous SCCs and that levels of neurotropic tyrosine kinase receptor type 1 (TrkA) may predict PNI, but their study results lacked statistical power to form a firm conclusion.

2. Presentation

The initial presentation of cutaneous squamous cell carcinoma (cSCC) typically includes a history of a nonhealing ulcer or abnormal growth in a sun-exposed area

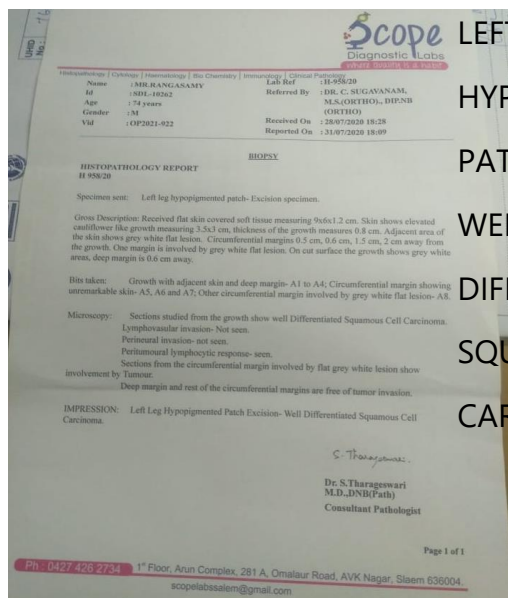
DIAGNOSIS

PNI can be diagnosed clinically, radiologically or microscopically. On clinical examination, PNI is suggested by findings of neuropathy most frequently in cranial nerves V and /or VII, likely due to their extensive subcutaneous distribution. Common symptoms include pain, loss of motor skills, anaesthesia, dyesthesia, and /or paresthesia (tingling, burning, pricking numbness). In a study of 72 cases, Goepfert et al found that only PNI presented with clinical symptoms and these patients had a poorer prognosis.

3. Case presentation

The patient, a 76 year old male, complains of ulcer with serous discharge in the lateral aspect of left leg since 50 years. Histopathological reports dated 31/07/2020 of hypopigmented patch excision of left leg shows well differentiated squamous cell carcinoma. Initially the complaints presented as a cauliflower like growth which was excised before 1 month. He had a history of Diabetes and hypertension since 5 years and was under medications for this.

Fig 1. BIOPSY REPORT DATED 28.07.2020



LEFT LEG
HYPOPIGMENTED
PATCH EXCISION-
WELL
DIFFERENTIATED
SQUAMOUS CELL
CARCINOMA.





Post diagnosis she was treated with the following medications

4. Medications prescribed

CARCINOSINUM:

- Carcinosis modifies all cases in which either a history of carcinoma can be elicited or symptoms of the disease itself exist

CARBO ANIMALIS:

- Itching of the skin of the whole body, esp. in the evening in bed. Erysipelatous inflammations. Chilblains. Hard and painful swelling of the glands. Swelling of the external parts, with burning pain.

SECALE COR:

- Skin sallow, shriveled. Military eruption- hemorrhages, ecchymosis. Swelling and pain without inflammation, coldness, gangrene. Blackness of outer parts, crawling on the skin as of insects. Subcutaneous tingling. General desquamation of epidermis. Ulcers with heat and want of perspiration.

ACIDUM CARBOLICUM:

- Itching vesicles, with burning pain. Offensive odour from skin, erysipelas, roughness. Military vesicles. Malignant scarlatina. Sloughing wounds and chronic ulcers.

CALCAREA PHOSPHORICA:

- Large pedunculated polypi. Burning and itching of body. Ulcers, carices.

Review follow up showed a betterment of symptoms.

Follow up images are as follows



5. Conclusion

Physicians should recognize the importance of early detection of PNI in cases of cutaneous SCC. A thorough history with good neurologic examination of the cutaneous SCC is imperative so patients can be treated earlier in the course of the lesion, increasing the likelihood of local control minimizing the risk for further recurrence, and decreasing mortality.

This case presented is how ever one of its kind which showed complete resolution. Even though a case like this stands out among the morbid group, this alone cannot be considered as a specific methodology. We are waiting for cases to be added to the lot to create a more organised and defined treatment protocol to be formulated in treating SCC.

ETHICAL APPROVAL:

None needed

AUTHOR CONTRIBUTION:

Dr. Bagyavasan Kannan: role in concept production, writing of manuscript, editing and approval.

Dr. Nowshika Vijayakumar: role in writing of manuscript.

Dr. Jeba Delphin: compilation of data.