

## Squamous Cell Carcinoma of the Elbow: An Unusual Location

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### **1. CLINICAL IMAGE**

He was a 67-year-old patient with no notable pathological history except a chronic smoking for 40 years weaned 10 years ago. He had a tumor in the right elbow evolving for 2 years. Dermatological examination revealed the presence of an ulcer-budding tumor invading of the posterior region of the right elbow about 5 cm long axis, well-defined, with irregular contours (Figure 1). Dermoscopic examination showed hairpin vessels surrounded by whitish halos at the periphery and keratin (Figure 2). The rest of the somatic examination showed the presence of right axillary lymphadenopathy homolateral to the firm lesion of about 1 cm. MRI of the elbow showed a necrotic cutaneous and subcutaneous tumor process measuring 46 mm × 26 mm × 71 mm from the posterior internal region of the elbow with bone invasion of the olecranon. No visceral metastasis was detected. Histologically, it was a well-differentiated, ulcerative and infiltrating carcinomatous tumor proliferation of the

epidermoid type, consisting of polyhedral tumor cells with an eosinophilic cytoplasm and nuclei increased in moderately atypical volume and in images of mitosis. These cells have horny globes, no vascular emboli or perinervous sheaths are observed. The treatment consisted of a broad exeresis with a limit of healthy bone resection.

Squamous cell carcinoma (SCC) is the second most common form of skin cancer. Squamous cells are small, flat cells in the outer layer of skin. It's usually found on areas of the body damaged by UV rays from the sun or tanning beds. The location in hidden photo areas is atypical. Among these, localization at the elbow remains extremely rare. However, in the absence of early surgery, SCC can become metastatic. Thus, the management of these patients must be rapid, and surgery remains the best available means. The purpose of this report is to highlight the unusual location of this type of skin cancer.

### **CONFLICT OF INTEREST**

Author declares that there is no conflict of interest.

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**Figure 1:** Well-defined ulcerobudding tumor invading of the posterior region of the right elbow about 5 cm long axis.



**Figure 2:** Dermoscopic examination showed hairpin vessels surrounded by whitish halos at the periphery and keratin.