



## Squamous cell carcinoma of ascending colon- a case report and review literature.

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**ABSTRACT:** Squamous cell carcinoma is rare variety in colo-rectal carcinoma and the median survival in most of the cases is less than 6 months. We hereby present a case of 27 years old male who was operated for appendicular lump but histology and immunohistochemistry suggested the diagnosis of squamous cell carcinoma. The patient was managed by right sided hemicolectomy followed by adjuvant chemotherapy. Currently he is on chemotherapy and tolerating well since 8 months from the date of diagnosis.

**KEYWORDS:** Squamous cell carcinoma, Recurrent, Carcinoma colon.

### I. INTRODUCTION

Colorectal cancer is the fourth common cancer in India and the prevalent histology in 90% of cases is adenocarcinoma<sup>1</sup>. A very rare variety is squamous cell carcinoma where less than 100 cases are reported in the literature. The pathogenesis of this type of histology in this unusual site is not exactly known<sup>2</sup>. Most commonly the type of histology will be similar to parent organ tissue.

### II. CASE REPORT

A 27-year male presented in surgery OPD with a complaint of pain and lump in the right iliac fossa for 5 months. Initially, he was treated conservatively because of the appendicular lump. He had minimal relief of symptoms on conservative management. He underwent a CECT abdomen that shows thick-walled septate lesions with internal areas of cystic attenuation in the right side pelvic of size 8.2X7.1X7 cms and small right external iliac nodes. The patient got operated on and post op specimen suggestive of chronic appendicitis and biopsy from right iliac fossa tumor suggestive of mucosa-associated lymphoid tissue

Some of the theories suggest that a multipotent cell or uncommitted basal cell differentiate into a squamous cell from mucosal injury<sup>2-5</sup>. There is no staging system for the squamous cell carcinoma of the colon because of the rare kind of entity and treatment and prognosis are not also completely understood.

As per modified Duke's criteria for colorectal cancer staging, based largely on adenocarcinomas, the 5-year survival for stage B is 56%, stage C 15%, and stage D 5%<sup>6</sup>. Squamous cell carcinoma colon is a rare pathological type, representing 0.06% of all colorectal malignancies.

The behavior of this kind of unusual histopathology is aggressive and the prognosis is poor. The main cause associated with poor prognosis is not only aggressive histology but also the poorly defined and unknown management strategies. Due to the rarity of the disease, lack of proper management protocol is also a big challenge in the treatment of these kinds of diseases.

lymphoma. After surgery patient had continuous discharge from the drain site. Then he was sent for PET-CT which showed a hypermetabolic lesion in the right iliac fossa of SUV-10.2 (fig.1). That was suggestive of malignant nature. After PET-CT he underwent hemicolectomy and nodal dissection. The post-op specimen was sent for biopsy and immunohistochemistry. Post-op specimen histopathology and Immunohistochemistry favors poorly differentiated squamous carcinoma (fig.2). He is now on adjuvant chemotherapy. He is tolerating well the chemotherapy with minimal side effects.



Fig 1. PET-CT scan showing FDG-avid lesion involving caecum and surrounding soft tissue area.



Name of Patient : Mr. ANIL KUMAR



H & E: poorly differentiated carcinoma



Pan-CK: Positive in tumour cells



P63: Positive in tumour cells



HMB-45: Negative in tumour cells

Fig2.H&E stain showing carcinoma and IHC suggestive of squamous cell variant.

### III. DISCUSSION

The rare entity of squamous cell carcinoma colon yields it a largely unknown cancer. Squamous cell carcinoma most of the time is confined to local structure or maybe in situ. Around 150 cases of squamous cell carcinoma colon were reported in the literature. Almost all literature suggesting adjuvant chemotherapy just like adenocarcinoma colon. The nature of squamous cell carcinoma is different from adenocarcinoma. Squamous cell carcinoma does not metastasize so frequently like adenocarcinoma. Most of the literature suggests adjuvant chemotherapy but as we have seen in head and neck cancer where the incidence of squamous cell carcinoma is high where treatment of choice is radiotherapy or chemoradiotherapy. The pathological nature of squamous cell carcinoma is to spread either in a node or adjacent organ. The cause and pathogenesis of squamous cell carcinoma are unknown. The most common postulated theory suggests they originate from multipotent stem cells or develop from sites of squamous metaplasia due to chronic irritation. The relative incidence of squamous cell carcinoma colon with ulcerative colitis is 1.7%. About 10% of

cases of squamous cell carcinoma colon are associated with synchronous adenocarcinoma. The optimal treatment of SCC has not been determined due to a rare kind of disease. The efficacy of adjuvant chemotherapy or radiation and duration has not been established given the rarity of the tumor. In a study by Miyamoto et al., surgical resection and adjuvant chemotherapy were considered better approaches to the treatment of colorectal SCC<sup>7</sup> reported that SCC patients with stage III-IV disease have a poorer prognosis compared with those with colonic adenocarcinoma<sup>8</sup>. As a result, a more aggressive chemotherapeutic approach may be a feasible choice for patients with good performance status. In their study, gemcitabine was recommended as a treatment option for colon SCC in the neoadjuvant and/or adjuvant chemotherapy setting. Copur et al. concluded that cisplatin, etoposide, and 5-fluorouracil as combination chemotherapy were useful for colorectal SCC<sup>8</sup>. Juturi et al. suggested 5-FU, cisplatin, and leucovorin as a combination therapy in metastatic SCC of the colon<sup>9</sup>.



#### IV. CONCLUSION-

Due to the rare entity of disease treatment of SCC colon remains very challenging, and the acquisition of more data is needed. Squamous cell carcinoma colon should be sent to the high-volume center where they address the high volume of colorectal procedures. That will help to design a proper protocol and understand the disease in the follow-up period.

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