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CUTANEOUS EPIDERMOID CARCINOMA PRESENTED AS A CHRONIC INTERDIGITAL INTERTRIGO

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ABSTRACT

An 80-year-old diabetic woman presented with chronic intertrigo of the 3rd and 4th interdigital spaces of the left foot. She was treated with local and general antifungals without improvement. Dermatological examination revealed a fissured, painless intertrigo with infiltration of the edges. A skin biopsy confirmed the diagnosis of cutaneous epidermoid carcinoma, and onco-dermatological treatment was initiated with good progression. Cutaneous epidermoid carcinoma is a malignant skin tumour with a fairly guarded prognosis, requiring appropriate management, starting with early diagnosis. Our case is a reminder that the diagnosis of cutaneous epidermoid carcinoma should be made in the presence of any chronic skin lesion, no matter how trivial, especially if it does not respond to the usual treatment.

KEYWORDS

Cutaneous epidermoid carcinoma, interdigital intertrigo, chronic lesion, surgery.

MAIN ARTICLE

Case report

An 80-year-old woman, taking oral antidiabetics for some twenty years, presented with a non-itchy painless intertrigo of the 3rd and 4th left foot interdigital spaces. She was treated on several occasions with local and general antifungals without improvement.

Dermatological examination revealed a 2.5 cm fissured and ulcerative budding lesion with infiltration of the edges (Figures 1;2). Skin biopsy showed a proliferation of atypical keratinocytes, with invasion of the dermis and frequent mitotic figures, compatible with a well-differentiated cutaneous epidermoïd carcinoma. Inguinal ultrasound and foot X-ray didn't find anomalies. Onco-dermatological treatment mainly based on carcinological surgery was initiated with good progression.



Figure 1 ; 2 : a fissured interdigital intertrigo with edge infiltration.

Commentary :

The occurrence of cutaneous epidermoïd carcinoma (CEC) in interdigital spaces is particularly rare [1]. Baptista's seminal work of 1975, which focused on interdigital CEC, documented 22 cases affecting mainly women [1].

Interdigital CEC could result from progression of previous traumatic or inflammatory lesions, including burn scars or chronic ulcers [1-2]. Chronic interdigital maceration is increasingly recognized as a potential etiological factor in the development of carcinoma [1]. This condition was frequently observed in

agricultural workers who wore rubber shoes [3].

CEC in the interdigital space may manifest as persistent macerated intertrigo, resistant to usual treatments [1, 4]. Typically, these tumors affect the last two interdigital spaces and often arise from chronic fungal intertrigo [5]. Differential diagnoses may include conditions such as corns, inverted psoriasis or chronic hyperkeratosis, any of which may contribute to the development of CEC [6].

Treatment is mainly surgical wide excision [5]. In some cases, this may include amputation of both toes adjacent to the affected area [2, 5]. Lymph node dissection is recommended only when palpable satellite lymph nodes are present [7]. New targeted therapies could improve prognosis and ease CEC management.

Conclusion

Interdigital CEC remains rare and misdiagnosed. A skin biopsy is required for any chronic interdigital intertrigo, especially if it is resistant to antifungals. Early diagnosis and treatment is the only guarantee of a better prognosis.

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