A Case of Two Synchronous Cutaneous Collision Tumors

Eş Zamanlı Saptanan İki Kutanöz Kollizyon Tümör Olgusu

Sebnem Kupana Ayva 1, Merih Tepeoglu 1, Ozgur Gunduz 2, Ilker Yazici 3, Onder Bozdogan 4

1 Baskent University, School of Medicine, Department of Pathology, Ankara, Turkey
2 Kırıkkale University, School of Medicine, Department of Dermatology, Kırıkkale, Turkey
3 Kırıkkale University, School of Medicine, Plastic and Reconstructive Surgery, Kırıkkale, Turkey
4 Numune Training and Research Hospital, Department of Pathology, Ankara, Turkey

ABSTRACT

Cutaneous collision tumors are known as two independent tumors which are close anatomically and separated from one another by well boundaries. We, herein report a 83-year-old female patient with two cutaneous collision tumors in two different localizations at the same time. First cutaneous collision tumor located on left ala nasi was squamous cell carcinoma and basal cell carcinoma and second one located on the right commisure was composed of malignant melanoma (Clark Level IV) and basal cell carcinoma. However, the presence of collision tumors is not uncommon and is often reported in the literature, to the best of our knowledge, it is the first case which shows the association of two synchronous cutaneous collision tumor in the same individual.

Key words: Basal cell carcinoma, cutaneous collision tumor, malignant melanoma, squamous cell carcinoma

Received: 02.04.2016 Accepted: 01.14.2017

INTRODUCTION

Cutaneous cancers are the most common human cancer, mainly including basal cell carcinoma (BCC). It has been reported that there is an increasingly development risk of the second cutaneous cancer in the individuals, especially in sun-exposing areas (1,2). The co-existence of two distinctly different neoplasms occuring in the same anatomic location is called as collision tumor. Various combinations of collision tumors have been described, mostly common BCC and melanocytic naevus (3). We, herein report a new case with two synchronous collision tumor in the face and discuss its clinical and histopathological features.

CASE REPORT

A 83-year-old-woman presented with an adjacent plaque (1.0x1.0 cm) and nodule (3.0x1.0 cm) with ulcerated surfaces overlying on the left ala nasi. Another accompanying feature was the solitary dark nodular lesion (4.0x1.3x0.3cm) with focal ulcersations on the right commissure of the patient’s lips (Fig.1).
The excisional biopsies were performed for the lesions. In histopathological examination, two different carcinoma adjacent to one another were observed on the left ala nasi. The first tumor was characterized by nests of atypical squamous epithelial cells arising from epidermis and extending into the reticular dermis. The second tumor was composed of islands and large nests of basaloide cells with hyperchromatic nuclei and poorly defined cytoplasm (Fig.2A). Actinic keratosis and solar elastosis were observed in the biopsy. In the histopathological sections of the dark nodule on the right labial commissure, there were again two adjacent malignant foci. One of these foci was composed of highly cellular discohesive nested groups of atypical melanocytic cells, extending from epidermis to reticular dermis (Clark Level IV). The second malignant foci adjacent to the first tumor was composed of basaloide cell proliferation with palisading in the periphery (Fig.2B). Actinic changes and marked solar elastosis were also seen in the biopsy. Finally, while the diagnosis of first collision tumor was squamous cell carcinoma (SCC) and BCC, second was malignant melanoma (MM) and BCC. In immunohistochemical analysis, while Melan-A positivity was only seen in the spared melanocytes in BCC component of the first collision tumor (Fig. 2C), it is positive both in the MM component, and in some melanocyte groups with atypical findings in BCC component of the second collision tumor (Fig 2D).

**REFERENCES**