

IMAGES

Multiple Cutaneous Squamous Cell Carcinomas Arising in Several Body Areas Except for the Face

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Cutaneous squamous cell carcinoma (SCC) is the second most common skin cancer among primary malignant tumors occurring on the skin [1]. Exposure to ultraviolet light is well known to be the most common causative factor of cutaneous SCC [2]. Approximately 80%–90% of cutaneous SCCs have been reported to occur in the head and neck area [3].

We report a rare case, in which a patient who was diagnosed with SCC on the left foot exhibited multiple SCC lesions throughout the body, but not on the face, despite not having any other risk factors.

A 62-year-old male patient visited our hospital with an ulcerative wound in the left foot that had been present for approximately 6 months (Fig. 1). Although he had no risk factors for skin cancer, he was diagnosed with SCC through a biopsy. We overlooked searching for lesions on other parts of the body because he did not have any specific symptoms or discomfort. Eight months after surgery, SCC recurrence was observed by magnetic resonance imaging on the lateral area of the left foot. A whole-body positron emission tomography-computed

tomography scan was performed, and hypermetabolic lesions were found on the lateral aspect of the left foot, the left great toe, and the left lower abdomen. At that point, a physical examination was performed from head to toe. In this examination, 0.3- to 1.5-cm skin lesions were found in each major area of the body, except for the patient's face and neck (5 sites on the trunk and 13 sites on the legs) (Figs. 2,



Fig. 1. Preoperative photograph from the first operation. The red arrow indicates a 5×4-cm ulcerative wound with a foul odor and an erythematous skin lesion on the lateral side of the left foot. Positron emission tomography-computed tomography scans detected a hypermetabolic lesion, with a maximum standard uptake value of 6.42.

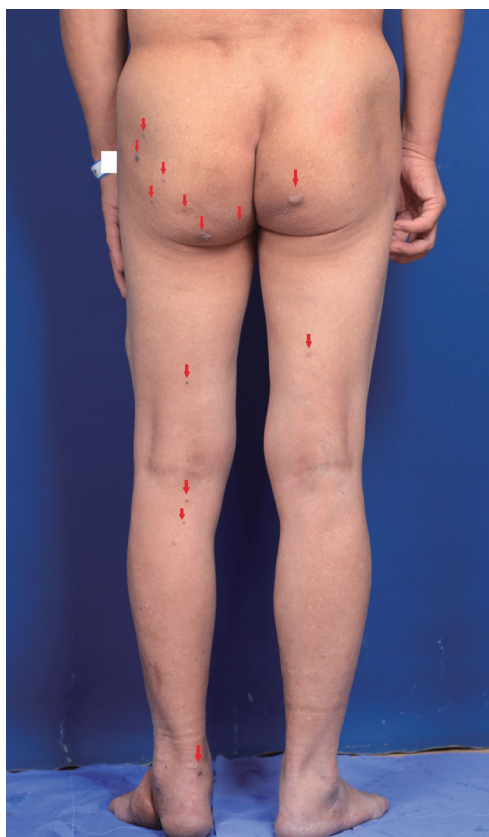


Fig. 2. A number of red arrows indicate multiple skin lesions on both buttocks and the posterior leg. Excisional biopsies identified squamous cell carcinoma in 5 sites and Bowen disease in 8 sites.



Fig. 3.

A number of red arrows indicate multiple skin lesions on the anterior chest and lower abdomen. Excisional biopsies identified squamous cell carcinoma in 3 sites and Bowen disease in 2 sites.

3). All masses were excised and found to be SCC or Bowen disease. Since patients can easily overlook skin cancers, a physical examination should always be meticulously performed.

Conflict of Interest

No potential conflict of interest relevant to this article was reported.

Patient Consent

The patient provided written informed consent for the publication and the use of their images.

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The Effect of Hyperbaric Oxygen Therapy on a Large Composite Graft in an Ear Amputated by a Human Bite

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Traumatic amputation of the ear helix is relatively a rare occurrence. Various reconstruction techniques have been reported for this condition [1]. We present the case of a 41-year-old female patient who sustained a large traumatic amputation of the ear helix due to a human bite. Composite graft surgery was performed with adjunctive hyperbaric oxygen therapy (HBOT). The graft successfully survived, with favorable cosmetic results.

A 41-year-old female patient presented to our emergency center with a partially amputated right ear helix (Fig. 1). Due to a human bite injury, the helix was irregularly amputated, with the cartilage exposed. The amputated ear helix measured 4 × 3 cm. Reconstructive surgery was performed immediately under general anesthesia. The vascular status of the amputated ear was evaluated; however, due to the nature of its avulsion, there were no suitable arterial vessels. After debridement of the wound margin and rugged cartilage, a composite graft of the amputated helix was performed. Adjunctive HBOT was applied to enhance the reperfusion of the wound and for infection control over the course of 7 days. A piece of plastic bag was placed with an oxygen tube connected around the wound. We sealed the plastic bag around the wound to prevent air leakage (Fig. 2). Many holes were made by needles in the sealed plastic bag around