Pigmented squamous cell carcinoma of conjunctiva – a rare case
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Introduction:
Tumours of the stratified squamous epithelium of a conjunctiva and cornea ranges from actinic keratos, pseudoepitheliomatous papilloma and malignancy. Though less invasive lesion resembles benign lesion as compare to frank malignant lesion. So it is essential to do biopsy or excision for the histopathological purposes. Risk factors for occurrence of such tumors include a history of repeated intense sunlight exposure, male sex, outdoor occupations, advanced age, cigarette smoking, a history of squamous cell carcinoma of the skin of the head and neck, blonde hair, light complexion, xeroderma pigmentosum, acquired immunodeficiency syndrome (AIDS), and conjunctival infection by human papillomas viruses 16 and 18.

Squamous cell carcinoma arising from conjunctival mucous membrane because of their superficial location, may be amenable to surgical excision. Though the pigmented variant is often misdiagnosed as melanoma is very rare, which was first described by Noyes in 1879. Treatment options for squamous cell carcinoma of the conjunctiva and cornea range from simple excision to exenteration.

The factors which affect the treatment are size of lesion, extent of lesion, invasive nature of lesion, general health of patient and condition of fellow eye.

Abstract:
Squamous cell carcinoma of conjunctiva is rare among which pigmented squamous cell carcinoma is very rare. It occurs chiefly at limbus and spread over surface and into fornices rarely penetrate the globe. We report an unusual case of pigmented squamous cell carcinoma of conjunctiva in a 85 years old female with papillomatous features. She presented with growth in left eye with diminished visual acuity. Histopathological examination of excised growth revealed findings consistent with pigmented squamous cell carcinoma of conjunctiva. The incidence of conjunctival squamous cell carcinoma is 0.02 – 0.03 per lakh but incidence of pigmented squamous cell carcinomas is very rare and commonest site of which is limbus.

Key words: conjunctive, squamous cell carcinoma, excision, histopathological examination.

Case details:
A 85 years old female has attended hospital with the complains of swelling in left eye and inability to close eye completely for last two months and which was increasing in size after falling of some foreign body and aggressive rubbing of eyes. It was a pinkish swelling with papillomatous extensions at limbus and covering the nasal half of conjunctiva and pupillary area on cornea in left eye around 5x6 mm in size and raised from surrounding structure, similar cases reported by Sheild et al. The growth has well demarcated base, which sit on the cornea. There was a moderate conjunctival hyperaemia. Visual acuity was perception of light and projections in all four quadrants in left eye & in right eye the vision was 6/36 with nucleus sclerosis grade III. No evidence of enlargement of regional lymph nodes. Laboratory examination was done for HIV and AUSTRALIA ANTIGEN, both were negative, Complete Blood Count, blood sugar and ESR was normal.

Based on clinical findings diagnosis of conjunctival papilloma was made & excision was planned and on table it was found to free from any adhesions/deep invasions in the conjunctiva or cornea. It was easily separable from all four sides. Conjunctival sutures taken inferiorly near fornix, base was cauterized with diathermy and sclera near limbus left bare. Tissue of around 5x6 mm was sent for histopathological examination to the department of pathology of SMIMER.

On first post operative day the patient’s eye appears quite with mild conjunctival hyperaemia with mild corneal oedema nasally and V/A was CF 3 meters with nuclear sclerosis grade III.

Patient was advised prednisolone acetate eye drops 1% four times in day along with lubricating gel and gatifloxacin eye ointment (0.3%). The prednisolone drops were tapered after three weeks.
On histopathological examination Haematoxylin & Eosin stains was done and it was found out to be pigmented squamous cell carcinoma of conjunctiva which is the rarest variety. To rule out possibility of malignant melanoma IHC (S-100) was also done which was negative. IHC cytokeratin was found positive which confirms pigmented variant on pathological examination.

After two weeks on follow-up the patient complaining irritation in left eye and shows some hyperaemia which was due to conjunctival sutures, which was removed. The patient was advised for close follow up at one month or if any complains in between. Till date she has not reported for any complain or growth.

Discussion:
The incidence of conjunctival squamous cell carcinoma is 0.02 – 0.03 per lakh but incidence of pigmented squamous cell carcinomas is very rare commonest site of which is limbus and till date less than 30 cases have been reported in literature. Though it is a rare condition one should keep in mind for any conjunctival growth to be of malignant form especially of a shorter duration and in elderly patient.
As enucleation is advised when a malignant neoplasm of the stratified squamous epithelium of the conjunctiva and cornea has invaded through the cornea or sclera into the eye and exenteration is recommended when an epibulbar neoplasm of the conjunctival stratified squamous epithelium has invaded the anterior orbit. As the lesion is
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