

INVASIVE SQUAMOUS CELL CARCINOMA OF THE CONJUNCTIVA

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INTRODUCTION

Squamous cell carcinoma is the most frequently encountered malignant tumor of the conjunctiva, more frequent than basal cell carcinoma at this site [1]. Red eye and ocular irritation are the most common presenting symptoms [2]. It is associated with sun exposure and often occurs in HIV positive individuals [3]. A high proportion of the deeply invasive conjunctival carcinoma has adenosquamous features [4]. Squamous papillomas and conjunctival intraepithelial neoplasia may be associated with the human papilloma viruses type 16 and 18 [5]. Radical surgery is necessary in these cases [6].

CASE REPORT

A male patient aged 55 years presented to us with history of recurrent swelling in the conjunctiva, irritation and redness of eye. The patient was HIV negative. There was also history of removal of a cyst in limbal area three months back. When granulation tissue along with previous scar was biopsied it showed a well differentiated squamous cell carcinoma arranged in sheets and groups with thin intervening fibrovascular septa (fig. 1). There was moderate degree of pleomorphism. Tumour cells showed high N/C ratio and frequent mitoses. Nuclei of the cells were hyperchromatic to vesicular with prominent nucleoli. There were foci of individual cell keratinization (fig. 2). There was evidence of vascular invasion at some places. Wide excision was done and mitomycin C therapy started.

DISCUSSION

As noted in our case, patients of invasive squamous cell carcinoma of the conjunctivae

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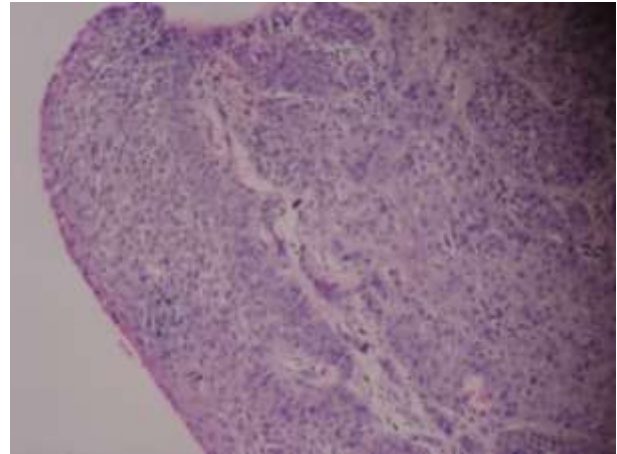


Fig. 1: Squamous cell carcinoma of the conjunctiva H&E x 100.

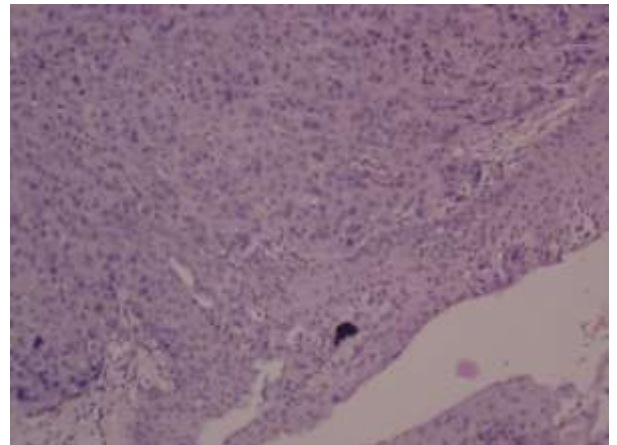


Fig. 2: Higher magnification shows marked pleomorphism and individual cell keratinization H&E x 200.

tend to be elderly with an average age of 38 years [7]. Similarly most cases are seen in male patients [8]. Most common presenting complaints are red eye and ocular irritation; 2 however uveitis and hypopyon are also seen as one of the first signs [9]. But this patient presented with a cystic swelling alongwith redness and irritation. As seen in our case, these lesions recur which is a sign of a more sinister pathology. When biopsy was examined it showed large atypical cells with hyperchromatic nuclei and vascular invasion.

There were foci of individual cell keratinization. Histologic study is the most important factor to decide the therapeutic management in this neoplasia [10]. Topical mitomycin C was applied after excision; which is found to be effective for the treatment of conjunctival tumor.

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