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Case Report

# Saree Cancer….Squamous cell carcinoma secondary to waist dermatosis induced by attire- a case report

**[1]Dr. Minakshi Gadhire, [2]Dr. Priyadarshini Manay, [3]Dr. Mohan Joshi, [4]Dr Ajit Dhake, [5]Dr. Jaskaran Singh,**
[1]Associate Professor, Lokmanya Tilak Municipal Medical College & Hospital, Sion, Mumbai, India
[2]Registrar, Lokmanya Tilak Municipal Medical College & Hospital, Sion, Mumbai, India.
[3]Professor, Lokmanya Tilak Municipal Medical College & Hospital, Sion, Mumbai, India
[4]Assistant Professor, Lokmanya Tilak Municipal Medical College & Hospital, Sion, Mumbai, India
[5]Senior Resident, Lokmanya Tilak Municipal Medical College & Hospital, Sion, Mumbai, India

***Corresponding author**
Dr. Priyadarshini Manay
Email: manaypriyadarshini@gmail.com

**Abstract:** The Saree is the most popular attire adopted by Indian women. The beauty of this garment is its grace. The saree is a six meter cloth draped around an inner longskirt. The skirt is fastened to the waist by means of a string. Persistent and long term use of this attire has resulted in waist skin dermatoses. However waist dermatoses giving rise to malignancy is rare. We present a case of 45 year old lady who complained of a recurrent ulcer over waist line following excision. Edge biopsy showed squamous cell carcinoma. A wide local excision was done. Follow up visits showed her to be disease free.
**Keywords:** Sqaumous cell carcinoma of Skin, Dermatoses, Saree Cancer

## INTRODUCTION

Cutaneous squamous cell carcinoma (SCC) is the most common skin cancer in much of the world. Although it may occur in any anatomic location on the body, it tends to develop from a predisposing cutaneous dysplasia rather than de novo. Squamous Cell carcinoma tends to occur on sun exposed portions of the skin such as ears, lower lip and dorsum of the hand. (However, SCCs that arise in areas of unexposed skin or those that originate de novo in exposed skin are prognostically worse because they have a greater tendency to metastasize than those that occur on sun exposed skin that develop from actinic keratosis.) People with chronic sun damage, sites of prior burns, arsenic exposure, chronic cutaneous inflammation as seen in long standing skin ulcers and sites of previous x-ray therapy are predisposed to the development of SCC [1]. We present a case of waist line dermatoses giving rise to squamous cell carcinoma which is rare.

## CASE REPORT

A 45 year old lady who came with a recurrent ulcer over the skin in the right lumbar region along the waistline since 6 months. Initially there was coarsening of skin and hyperpigmentation of that area followed by hypopigmentation. This was associated with a burning sensation and serous discharge, which had recently turned foul smelling. The patch of skin gave way to form an ulcer which rapidly overgrew its edges within a span of 6 months. On further questioning she admitted to tying tight her saree longskirt for 25 years. She had only stopped due to the ulcer and ensuing pain. She took some medications but the ulcer grew in size over a period of time.

Clinical examination revealed an ulcer measuring 6 cms x 5 cms x2cms with everted edges, ill defined margins and serosanguinous discharge from the ulcer bed (Fig.1). Ulcer was tender on palpation, did not bleed on touch. Surrounding skin was hyperpigmented and scaly. Bilateral nontender, discrete, firm, mobile inguinal lymphadenopathy was present. Biopsy from the ulcer showed invasive squamous cell carcinoma. Fine needle aspiration cytology of bilateral inguinal lymph nodes showed reactive lymphadenitis.

Wide local excision of ulcer with primary skin closure was done (Fig.2). Histopathology confirmed squamous cell carcinoma with free resection and deep margins. The inguinal lymphadenopathy resolved after a course of antibiotics.

The “saree” is a type of attire unique to Indian subcontinent. Women have to wear a long skirt underneath fastened securely to the waist by a cord. The saree is tucked into this longskirt at the waist as the saree is wrapped around it. These tight garments induce dermatoses along the waist [2]. This is often aggravated by the hot and humid climate of certain areas. Atrophic and keratotic changes in the epithelium lead to

ulceration and subsequent, but slow, malignant changes [3].

Various dermatoses like allergic and non-allergic contact dermatitis and dermatophytosis are more common in body folds especially when associated with increased sweating [4].

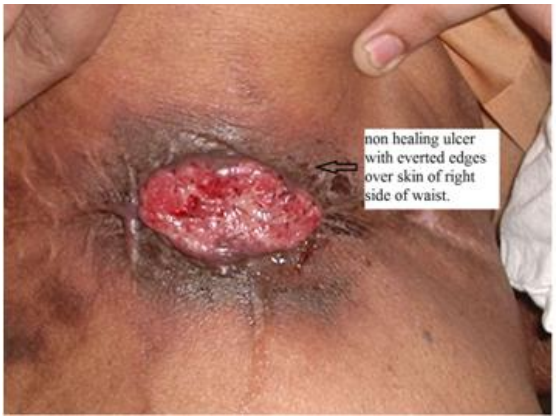


**Fig-1: Non healing Ulcer with everted edges over the skin of right side of waist.**

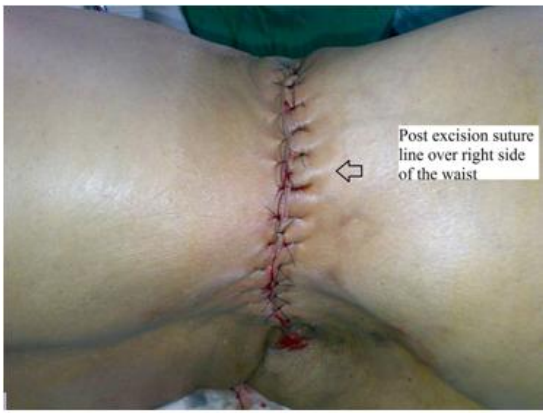


**Fig-2: Post excision suture line over right side of the waist.**

Pigmentation and mild scaling over the waist are so common in Indian females that they consider it normal and ignore it. The precise mechanism by which chronic ulcers (wounds) become malignant is not known. It has been pointed out that every cutaneous scar which is subject to continuous irritation has an increased potential for malignant transformation [5]. Neuman et al. proposed the traumatic displacement of a living epithelial tissue into the dermis may cause a foreign body response and lead to a deranged regenerative process, resulting in a carcinomatous change [6]. Dermatoses giving rise to malignancy is rare. In our patient dermatoses finally changed into squamous cell carcinoma. Though, there was bilateral inguinal lymphadenopathy, it turned out to be reactive and antibiotics. So the malignancy was slow to spread. Excision biopsy is required to confirm the diagnosis of Saree cancer. Wide local excision with a surgical margin of at least 2 cm together with skin grafting is considered as the appropriate treatment. We were able to achieve primary closure. Lymph node metastases appear late in cases of saree cancer in the inguinal and the axillary lymph nodes [7]. SCCs which develop in chronic skin lesions have a higher incidence of metastasis (9% to 36%) as compared to the carcinomas which arise in previously normal skin (1% to 10%) [8]. The only alterable factor determining the frequency of waist dermatoses in our patients is the tightness with which they tie the cord of their skirt along their waist. Hence one study has recommended the use of broad belts with hooks, instead of the thin cord, which will considerably reduce the pressure over the site [2]. To summarise, waist dermatoses due to pressure or friction by tight clothes may rarely present as malignancy. In our case Saree cancer. This entity should be always kept as a differential so that treatment can be instituted early for better prognosis.

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