

Rare Case Of Squamous Cell Carcinoma In The Foot

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I. Background

- Squamous cell carcinoma (SCC) is a rare condition in the foot.
- Here we received a case with complaints of an ulcer in the right foot, which initially, turned out to be Squamous cell carcinoma.

II. Clinical & Examination Findings

- 57/M, Farmer from West Bengal, presented with complaints of an ulcer of the right heel for two years following a thorn prick
- Associated with an on-and-off pain and foul-smelling discharge.
- No history of fever
- No history of loss of appetite, weight loss
- No known comorbidities
- Patient has been a smoker for the past 30 years.

III. Investigations



Outside

- Biopsy- Well-differentiated Squamous Cell carcinoma
- PET-Scan showed a metabolically active lesion in the right inguinal lymph nodes, popliteal and para-aortic lymph nodes
- FNAC from the Inguinal Lymph nodes show reactive lymphoid hyperplasia.

PIMS

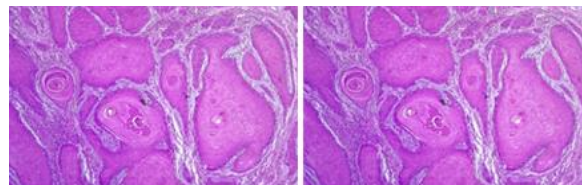
- FNAC Repeat from inguinal lymph nodes – Reactive
- Wound swab culture sensitivity-Moderate growth of *Proteus Mirabilis* & *Pseudomonas Aeruginosa*

Procedure

- Wide local excision of the Ulcer with excision of the Inguinal lymph node



- Healing with secondary intention followed by split-thickness skin graft



Follow - Up

- Biopsy showed well-differentiated squamous cell carcinoma. The resected margins were free of tumour.
- The patient developed healthy granulation tissue, for which SSG was done by the plastic surgery team.
- Oncology advised radiotherapy, and the patient is on follow-up.

IV. Discussion

- SCC originates in keratinocytes and may develop a precursor lesion or de novo lesions.
- It is commonly associated with chronic sun exposure, due to elastic degeneration of the dermis, irregular pigmentation, and telangiectasia.
- However, SCC can also develop on ulcers, chronic granulomas, and fistular sinuses after ingestion of arsenic and exposure to tobacco smoke or radiation.
- When untreated, the lesions may grow to large diameters.
- In the plantar region, they are irregularly shaped, well-demarcated, verrucous, and are also known as EPITHELIOMA CUNICULATUM.
- The incidence of malignant tumours found in the soft parts of the foot has been described as roughly 0.6 to 3.0%.
- Age- 50s and 60s, and men are more common than women, at a ratio of 3:1.
- Treatment is based on surgical resection of the tumour.

- Recurrence of the lesion is uncommon and is largely associated with incomplete initial excision of the tumour
- Safety margins of at least 3.0–5.0 mm should be maintained.
- The prognosis is determined by the presence of metastasis, lymph node involvement, treatment, and local recurrences.
- Prophylactic radiation of the inguinal lymph nodes
- Intra-arterial infusion of the affected limb with methotrexate and floxuridine has been suggested after excision of the primary tumour.

V. Conclusion

- Squamous cell carcinoma is a rare presentation on the sole.
- Biopsy is indicated before excision of a chronic lesion, as the local invasion is aggressive and bony involvement may lead to a corresponding degree of amputation.

Reference

- [1]. Hadian Y, Howell JY, Ramsey ML, Buckley C. Cutaneous Squamous Cell Carcinoma [Internet]. In: Statpearls. Treasure Island (FL): Statpearls Publishing; 2025 [Cited 2025 Jul 6]. Available From: [Http://Www.Ncbi.Nlm.Nih.Gov/Books/NBK441939/](http://www.ncbi.nlm.nih.gov/books/NBK441939/)