Clinical picture

Management of a neglected giant squamous cell carcinoma of the scalp

A 72-year-old gentleman with a history of dementia, presented with bleeding from a scalp lesion. The lesion had been neglected and disguised with a hat for 2 years. Examination revealed an offensive smelling, ulcerated, exophytic tumour, measuring $15 \times 20$ cm covering a third of his scalp (Figure 1). The lesion was fixed to the underlying periosteum. There was no palpable lymphadenopathy or hepatomegaly.

An incision biopsy confirmed a squamous cell carcinoma (SCC). A computed tomography scan showed some erosion into the skull vault, but no intracranial extension. Staging showed no evidence of distant metastases.

The mainstay of SCC management involves wide local excision (WLE) with negative histological margins. To achieve adequate tumour clearance our patient required a WLE and a craniectomy. Given the size of the tumour and his multiple comorbidities, this was deemed to be too hazardous and the decision was made to perform a palliative tumour resection. The tumour was excised with a 1 cm margin and the involved skull burred. The ensuing scalp defect was covered with a large occipital rotation flap. The donor site was covered by a split skin graft harvested from the back.

Following surgery there was a partial wound breakdown with minor exposure of non-involved skull. This was managed conservatively. Although excision was not histologically complete, we achieved the aims of controlling fungation and tumour growth of an advanced SCC in an unfit elderly patient.

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Figure 1. Photograph showing an exophytic, ulcerative scalp tumour.