A suspicious non-healing wound of the pinna
Podejrzana, niegojąca się rana małżowiny usznej

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INTRODUCTION

Squamous cell carcinoma (SCC) of the pinna is a type of skin carcinoma. It has a high rate of metastasis, amounting to about 16%, to the intraglandular lymph nodes of the parotid and cervical lymph nodes. In other cutaneous SCC in the head region that originate elsewhere, including the scalp, forehead, mastoid, cheek, nose and neck, the rate of metastasis is only 0.5–2% (1,2). Men over 60 years old with a prolonged history of exposure to the sun are commonly affected. The history of immune suppression or ultraviolet exposure are strongly associated with a worse prognosis (3). SCCs rarely cause mortality but the quality of life is definitely affected.

CASE SUMMARY

A 68-year-old female presented with a non-healing wound on the right pinna of one month's duration. Initially, it started as dried skin with occasional itchiness, and turned into a worsening wound after the skin peeled off (Fig. 1).

Fig. 1. Wound at the right external meatus extending into the ear lobe
6% of all cutaneous malignancies, in which 50–60% are SCC, 30–40% are basal cell carcinomas (BCC), and 2–6% are malignant melanomas. Carcinoma of the pinna and the external canal usually presents as a slow growing painless mass. However, itchiness, pain and minor bleeding may occur as the lesion enlarges if it is left untreated. Our case did not follow the classical presentation such as a slow growing painless mass, but the patient presented with a non-healing wound despite conservative treatment.

It is generally believed that SCC of the pinna has a higher rate of metastasis than SCC at other sites on the skin, and that it is associated with a worse prognosis due to its close proximity to the base of the skull, temporal bone, facial nerve and parotid gland. The most common sites were found to be the helix (32.9%), followed by posterior pinna (31.6%) and antihelix (11.8%). A high risk of tumour metastasis is based on the depth of invasion or tumour volume in conjunction with evidence of cartilage destruction. There was a positive correlation between cartilage destruction and development of metastases. Fortunately in our case, in the HPE report, the section showed malignant squamous cells arranged in trabeculae, islands and nest with an area of ulceration, but no cartilage invasion.

Surgery is the preferred treatment modality for SCC of the pinna, ranging from simple excision and direct closure, wedge excision, local flap to more radical procedures like pinnectomy. Aggressive surgical treatment with postoperative radiotherapy should be reserved for more advanced, persistent and recurrent cases.

**DISCUSSION**

SCC of the head and neck accounts for one-fourth of all SCC cases. Carcinoma of the pinna accounts for about 6% of all cutaneous malignancies, in which 50–60% are SCC, 30–40% are basal cell carcinomas (BCC), and 2–6% are malignant melanomas. Carcinoma of the pinna and the external canal usually presents as a slow growing painless mass. However, itchiness, pain and minor bleeding may occur as the lesion enlarges if it is left untreated. Our case did not follow the classical presentation such as a slow growing painless mass, but the patient presented with a non-healing wound despite conservative treatment.

It is generally believed that SCC of the pinna has a higher rate of metastasis than SCC at other sites on the skin, and that it is associated with a worse prognosis due to its close proximity to the base of the skull, temporal bone, facial nerve and parotid gland. The most common sites were found to be the helix (32.9%), followed by posterior pinna (31.6%) and antihelix (11.8%). A high risk of tumour metastasis is based on the depth of invasion or tumour volume in conjunction with evidence of cartilage destruction. There was a positive correlation between cartilage destruction and development of metastases. Fortunately in our case, in the HPE report, the section showed malignant squamous cells arranged in trabeculae, islands and nest with an area of ulceration, but no cartilage invasion.

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CONCLUSION

Suspicion should arise and biopsy is mandatory whenever a non-healing wound or ulcer fails to respond to appropriate conservative therapy. The treatment of pinna carcinoma, especially in this location, must take into consideration the balance between adequate eradication and the ultimate cosmetic appearance.

Conflict of interest

The authors do not declare any financial or personal links to other persons or organisations that could adversely affect the content of this publication or claim rights thereto.

References