Clinical outcomes of skin cancer arising from burn scar

Department of Internal Medicine, Hallym University College of Medicine, Seoul, Korea

*Jun Jae Yoo, Jung Han Kim, Hyeong Su Kim

Backgrounds: Marjolin’s ulcer is a rare but highly aggressive squamous cell cancer that is most often associated with chronic burn wounds. This study was conducted to investigate the clinicopathological features and long-term outcomes of patients with burn scar skin cancer (BSSC).

Methods: We retrospectively reviewed medical records of patients diagnosed as BSSC at Hallym Medical Center between January 2000 and May 2012. The following clinical data were extracted: demographic findings, past burn history, clinicopathological characteristics, tumor stage, treatment, and long-term outcomes. Patients’ last follow-up was done through office visits or telephone interviews. Results: A total of 44 patients diagnosed as BSSC were enrolled in this study. With a median follow-up of 3.5 years (range, 4 months to 12 years), 39 patients are still alive and 5 died of disease progression. Of 34 patients with localized disease at the time of diagnosis, only one patient died from disease recurrence, with 22 months of survival time. The remaining 33 patients are alive with no evidence of recurrence. Of 10 patients with advanced disease, 4 died of disease progression, with metastatic sites being LN, bone, or lung. Five patients are alive with disease, and the remaining one is receiving adjuvant chemotherapy with 5-FU plus cisplatin. The Kaplan-Meier survival curves revealed longer survival for patients with localized disease than for patients with advanced disease (p=0.000). For patients with advanced disease, the median OS was 16 months (95% CI, 2.88-29.4 months). Conclusions: Localized BSSC seems to be a potentially curable disease with aggressive surgery; wide excision or amputation, with LN dissection if needed. However, advanced BSSC has a poor prognosis in spite of aggressive surgery including involved LN dissection. Considering very poor prognosis of advanced BSSC, in addition, adjuvant chemotherapy or radiotherapy following complete resection needs to be tried for patients with regional LN metastases.

Perirenal hematoma in a patient treated with bevacizumab for metastatic colon cancer

1Division of Hematology–Oncology, 2Division of Nephrology, Department of Internal Medicine, 3Department of Urology, 4Department of Radiology, Soonchunhyang University Bucheon Hospital, Korea

*A Reum Chun1, Jina Yun1, Moo Yong Park2, Sang Wook Lee3, Kwang Woo Lee3, Jae Myeong Lee4, Se Hyung Kim1, Hyun Jung Kim1, Chan Kyu Kim1, Seong Kyu Park1, Dae Sik Hong4

Patients with colorectal cancer who receive bevacizumab plus chemotherapy generally show a higher incidence of serious hemorrhage than do those on chemotherapy alone. Nontraumatic perirenal hematoma is a rare condition that can cause shock in severe cases. We present the case of a perirenal hematoma in a patient treated with bevacizumab-containing chemotherapy. A 43 years old woman was diagnosed with colon cancer accompanied by multiple lung, peritoneal and T2 bone metastases. A palliative anterior resection was performed to resolve partial colon obstruction. Four weeks later, she received salvage therapy of FOLFOX. After the one cycle of treatment, bevacizumab was added to FOLFOX. After 2 cycles of FOLFOX with bevacizumab, however, the patient complained of anuria and dyspnea. Laboratory tests showed hemoglobin of 8.1 g/dL with normal platelet and clotting times. CT scan showed progression of disease with liver, L2-5 bone, both ovary and retroperitoneal LN metastases with bilateral hydronephrosis. In addition, a right perirenal hematoma of 11.2 cm was observed. The patient was immediately instructed to discontinue chemotherapy including bevacizumab. CT examination 3 weeks later revealed the size of the right perirenal hematoma to be more increased and newly showed the left perirenal hematoma with renal parenchyma disruption and laceration. Given that several types of bleeding complication are known to be associated with bevacizumab treatment, we concluded that bevacizumab likely contributed to the perirenal hematoma in this case.