

## Squamous cell carcinoma of lip in a patient of polymyositis

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**Introduction:** Polymyositis is an inflammatory myopathy that is associated with development of carcinoma as part of paraneoplastic syndromes.

**Case presentation:** A 38 year old known case of polymyositis presented with small ulcer on lower lip. Patient underwent a wide excision with primary closure and the biopsy revealed squamous cell carcinoma.

**Discussion:** Development of carcinoma in patients with polymyositis is rare. The disease is treated as the stage of the tumor.

### Introduction

Polymyositis is an inflammatory myopathy that mimics other myopathies and is a diagnosis of exclusion. Like other myopathies, muscle biopsy is essential for diagnosis. There is no skin rash seen in polymyositis which, along with characteristic primary inflammation on muscle biopsy, serves to distinguish it from dermatomyositis. The association of inflammatory muscle disorders and malignancies has been reported in many

studies earlier [1-4] with the strongest association being noted for dermatomyositis and various malignancies. Here we report carcinoma of the lip developing in a patient with polymyositis.

### Case report

A 38 years old gentleman, a known case of polymyositis on steroids, presented with a recent onset non healing ulcer on the lower lip (figure 1). On examination there was a subcentrimetric ulceroproliferative lesion on the lower lip with no palpable neck nodes, the disease was staged as cT1N0M0. As the lesion was small no biopsy were taken and it was decided to do a wide local excision of the tumour with primary closure. Histopathology of the resected specimen was reported as

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**Figure 1: Clinical photograph showing the lesion on the lower lip**

squamous cell carcinoma. The case was discussed in tumor board and in view of T1 disease it was decided to keep him only on the follow-up without adjuvant radiotherapy or addressing the neck. It was also decided to start him on gefitinib, 250 mg per day. Within the two weeks of starting the gefitinib, patient developed multiple skin rash, some of these were so severe that he had to be started on antibiotic therapy. No new malignancies or recurrences have developed in the two year of follow up.

## Discussion

Inflammatory myopathies have long been proven to be associated with malignancies, both as a risk factor for various cancers and occurring as paraneoplastic syndromes. The associated risk varies from 3% to 40% [5-6]. Dermatomyositis has the highest risk, although polymyositis also confers an increased risk for developing cancer. The risk of developing cancer decreases with time but still remains higher than that for the general population [6]. In patients of polymyositis, there is a significantly increased risk of lung and bladder cancers, and Non Hodgkin's Lymphoma [5]. There is scant literature as to the association of

head and neck carcinoma with polymyositis, although associated adenocarcinoma has been described. The patient described in this report developed a lower lip squamous cell carcinoma soon after the diagnosis of polymyositis was established indicating that the malignancy was probably occult at the time of diagnosis of polymyositis [6].

## Authors' contribution

**NS:** prepared the draft manuscript and did the literature search

**MS:** helped in preparing the manuscript and contributed on the pathological aspect of manuscript

**DKR** helped in preparing the manuscript and literature search

**MP:** conceived and designed the study, edited the final manuscript

All authors have read and approved the final manuscript.

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## Conflict of Interest

The authors declare that there are no conflict of interests

## Patient Consent

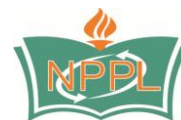
Written consent was obtained from the patient for publication of this case report.

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