

Recurrent Microinvasive Subungueal Squamous Cell Carcinoma in a HIV Patient: a Case of Good Response to Photodynamic Therapy

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Introduction

A 37-year-old male patient with a verrucous lesion affecting the second finger of the left hand, present for about 3 months. Medical history revealed HIV infection, Kaposi sarcoma, anal squamous cell carcinoma (SCC) and muco-cutaneous leishmaniasis. The diagnosis of microinvasive subungual SCC was made with a punch biopsy. The patient denied radical surgery and a conservative shaving was performed. Eight months later, the lesion relapsed (Figure 1, A and B). The diagnosis of recurrent subungual SCC was made by pathology. An X-ray of the finger excluded a bone involvement.

Due to the patient decision of denying surgery, we decided to perform a cycle of 4 sessions of conventional photodynamic therapy (C-PDT), using methyl aminolevulinate (MAL) (METVIX[®] cream, Galderma Medical Solutions) under occlusion for three hours. The lesion was irradiated by a red light-emitting diode lamp (Aktilite CL128[®], Galderma, wavelength 630 nm), at 80 mW/cm² for 12 minutes. The procedure was repeated 4 times at one-week intervals. After the first step we observed a partial improvement (Figure 1, C and D) After the fourth C-PDT step, the lesion had almost completely disappeared (Figure 1, E and F). The patient did not relapse 6 months after last C-PDT session.



Figure 1. (A) clinical presentation of recurrent subungual squamous cell carcinoma (SCC) on the second finger of the left hand. (B) Dermoscopy of the verrucous lesion, with hyperkeratosis and dotted vessels. (C) Recurrent subungual SCC after the first step of conventional photodynamic therapy (C-PDT). (D) Dermoscopy of the lesion after the first step of C-PDT. (E) Recurrent subungual SCC after the fourth step of C-PDT. (F) Dermoscopy of the lesion after the fourth step of C-PDT.

Teaching point

PDT is a safe, non-invasive therapy, with good cosmetic results, for several dermatologic conditions, such as actinic keratosis and superficial non-melanoma skin cancer [1-2]. We hypothesize that C-PDT may be a promising therapy for high-risk recurrence SCC, especially in acral sites, leading to a rapid healing process and being at the same time a well-tolerated, less painful procedure.

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