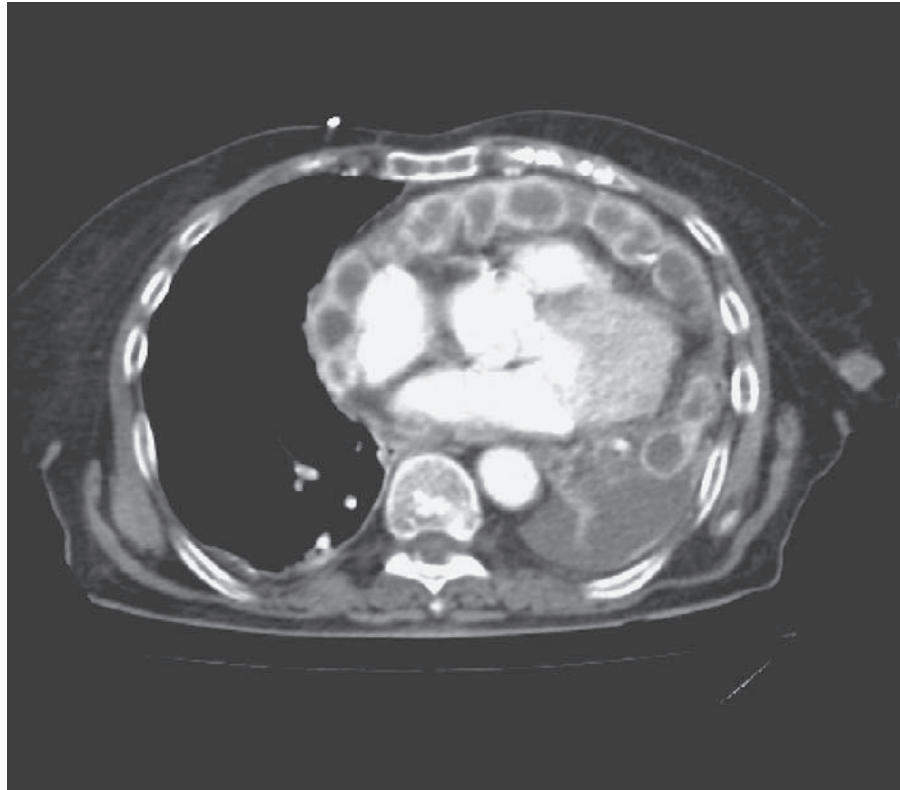


Squamous-Cell Carcinoma with Pericardial Metastases



Pierre Boukhalil, M.D.
Ali Debek, M.D.

American University of Beirut
Medical Center
Beirut 11072020, Lebanon
pb05@aub.edu.lb

A 78-YEAR-OLD WOMAN PRESENTED WITH DYSPNEA, COUGH, AND A PLEURAL effusion on the left side. She had fractured a hip 3 years earlier, and a chronic decubitus ulcer developed while she was bedridden during an extended recovery period. The ulcer had been treated by local débridement. A year earlier, a squamous-cell carcinoma had been diagnosed adjacent to the ulcer and had been completely resected. A malignant pleural effusion was also identified at that time, but the patient declined any further therapy. Computed tomography of the chest performed after the administration of contrast material revealed multiple pericardial masses with central necrosis compatible with metastatic disease. The patient did not want to undergo a biopsy but agreed to radiotherapy as a treatment for her metastatic squamous-cell cancer. She died at home 4 months after receiving the diagnosis, and her family did not give permission for an autopsy.

Squamous-cell carcinoma is the second most common skin cancer and is associated with a risk of metastasis. It may develop in injured and chronically diseased skin areas, such as a long-standing ulcer or fistulous tract. Cancer arising from such areas may not be noticed for years, thus increasing the risk of metastasis, and the prognosis with distant metastases is poor.

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