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A deceitful case of an inguinal adenophlegmon as a presenting complaint for underlying metastatic cutaneous squamous cell carcinoma



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Squamous cell carcinoma is the second most common primitive skin cancer known to be responsible for the majority of deaths from skin cancer excluding melanoma. Through this presentation, we illustrate an unusual case of squamous cell carcinoma revealed by a superinfected lymph node metastasis mimicking an adenophlegmon. A 58-year-old patient presented to the emergency room with an inguinal bulge evolving for 3 months, gradually increasing in size, recently becoming painful. The clinical examination revealed a red warm and painful crural swelling. No intertoes space intertrigo or any other lower-extremity infections were found. The blood tests showed a biological inflammatory syndrome: WBC =11000/mm³, CRP=119mg/L. An abdominal CT scan concluded to an inguinal adenophlegmon. We decided then

to proceed to surgery. In view of the suspicious tissular aspect found peroperatively, a biopsy was performed. The histological examination led to the diagnosis of squamous cell carcinoma. This case strongly suggests that underlying malignancy must be considered in front of every adenophlegmon whitening patients having cutaneous HPV induced lesions (red and yellow circle) even if the clinical examination is negative for an invasive tumor and the usual surgical procedure of incision and drainage must be prohibited. The primary tumor, as in the case of our patient, may develop on bowenoid papulosis (yellow circle); which is characterized by multiple, small skin colored to reddish brown papules, primarily occurring on the genitalia of young adults. The right management in this case should be based on surgical lymph node dissection with or without adjuvant radiation therapy.



Figure 1: inguinal adenophlegmon not like others: Postoperative aspect showing the underlying malignancy