

SQUAMOUS CARCINOMA ON VACCINATION SCAR

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The following unusual case is reported, as we have not been able to trace any similar one in the available literature.

History: An African female, aged about 40 years, of a very primitive tribe living along the banks of the Zambezi, was vaccinated with others 'before the last

rains', possibly about 1 year previously. (This was the nearest approximation to time that could be obtained.) She was vaccinated on the left arm, a large area of skin 2×3 inches was involved in the subsequent scar, and some time later she noticed a sore developing at the site and eventually arrived in this hospital on 25 August 1955.

On examination an old white scar 2×3 inches was seen on the left upper arm, the upper half of which was filled by a tumour projecting 1/4 inch from the surface, hard to the touch, and bleeding freely after slight trauma (Fig. 1). There was some secondary infection. Glands in left axilla were enlarged. The Kahn test was negative.

Biopsy (26 August), reported by Dr. B. S. Tulloch, Director, Public Health Laboratory, Bulawayo, was as follows: 'The tumour has the structure of a low-grade and well-differentiated squamous carcinoma, showing gross hyperplasia of the epidermis with extension into the corium and the formation of cell nests' in places. Considerable pyogenic reaction in addition is present.

Operation on 6 September. The whole scar-area was widely excised and immediately grafted with thick split-skin graft, sutured in place. The axilla was cleared of glands through a separate incision. These glands were reported on as inflammatory only—no secondaries present. The graft 'took' uneventfully, and the patient was discharged on 10 October 1955.

Comment. Squamous carcinoma is of course a possible complication of long-standing chronic ulceration, but the present case is interesting in that the tumour developed on a vaccination scar in apparently a very short time after inoculation, and local growth was very rapid without obvious metastasis.

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