

## PIGMENTED SQUAMOUS CELL CARCINOMA OF FINGERNAIL

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**Objectives.** We report 79 years old female patient with uncommon manifestation of squamous cell carcinoma. After one year of slowly progressing nail changes – light brown, uniform, vertical pigmentation, minor ulceration and deformation of nail plate medial portion of the fingernail patient was evaluated by dermatologist. Initially patient received clinical diagnosis of onychomycosis and was prescribed topical antifungal medication which was never started. Further patient came for second consult, dermoscopy was performed and nail biopsy was advised. In 2 mm punch nail biopsy pathohistological findings revealed morphologically moderate dysplastic changes of stratified squamous epithelium. Histologically in the obtained material tissue fragments with thick hyperkeratosis and parakeratosis layers, epidermis with papillomatosis, hyperplasia, moderate cellular atypia in all cell layers, rare mitoses in basal layer were seen. Skin biopsy was followed by excision in local anesthesia and second pathohistological investigation concluded grade 1 squamous cell carcinoma pT1NxM0 L- V- R1 (deep line). In serial sections lesion with inverted growth, marked hyperkeratosis, made of atypical pleomorphic epithelioid cells, multiple mitoses, in separate serial sections microinvasive structures with perifocal stroma desmoplasia was found. Lymphovascular invasion was not detected. In deep excision line tumor elements were found. Patient was started on topical 5% imiquimod cream applications five times a week which showed no clinical progress. Currently 5% imiquimod cream has been changed to topical 5% fluorouracil cream applications twice every day and the visible nail changes are showing a regression.

Squamous cell carcinoma of the nail bed is a rare malignant subungual tumor and can be often misdiagnosed. The presence of ulceration indicates the invasive nature of the visible changes and biopsy is essential to timely obtain the correct diagnosis.