

images in clinical medicine

Planocellular carcinoma of the right cheek

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A 97-year-old female patient was admitted to the outpatient clinic of our Institute for the treatment of an extensive tumour on her right cheek (Figures 1a and 1b). Histological examination of the biopsy sample confirmed planocellular carcinoma.

Six years ago, she developed a minor skin abscess on the right cheek which was cured by electrodesiccation and curettage. Three years later, a tumour started to grow on the same spot of the right cheek. Until first appointment at the outpatient clinic, the tumour grew up to the size of 13 x 8 cm. The patient was declining any medical help from fear of pain.

She was treated with irradiation by telcobalt unit, with a dose equivalent of 70 Gy. Three months after the beginning of



Figure 1a. An extensive tumour on the right cheek.



Figure 1b. Confirmed planocellular carcinoma on the right cheek.

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Figure 2a. Wet radiodermatitis, three months after the beginning of irradiation.



Figure 2b. Complete response, three months after the beginning of irradiation.



Figure 3. No evidence of disease, six months after the beginning of irradiation.

irradiation, only a wet radiodermatitis was seen on the treatment site (Figures 2a, 2b). In six months, the tumour regressed completely (Figure 3). Thirty months after the completed therapy, telangiectases still persist on the irradiation site, whereas the tumour regressed completely, with no nodal or cervical involvement (Figure 4).



Figure 4. Post-irradiated telangiectases without recurrence of disease, with no nodal or cervical involvement, thirty months after the completed therapy.