

CARCINOMA EPIDERMÓIDE

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EPIDERMOID CARCINOMA

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Editor,

Imiquimod is a topical immune response modifier used in a patient-applied cream to treat genital warts, actinic keratosis and superficial basal cell carcinomas. It activates the immune system through the toll-like receptor 7 (TLR-7).¹

Ingenol mebutate is another topically applied drug that has been approved for the treatment of actinic keratosis and is currently being investigated for the treatment of non-melanoma skin cancer.¹

Recently I examined a 93 years' old woman in a pre-coma state, with a round tumor on the zygomatic area of the right side of her face with almost six months of evolution. The tumor had a hemispheric shape with a central ulceration and the size of a chestnut (Fig.s 1 and 2). A biopsy showed an epidermoid carcinoma.

It was not possible to transfer the patient to a surgical center in order to remove the tumor, taking into account the pre-coma state of the patient. Besides, the skin was extremely thin and surgery would be very difficult in such conditions.

Therefore, we used imiquimod, which reduced the size of the tumor in half. Then, we decided to apply ingenol mebutate 150mcg/g during the three following days and the tumor completely regressed in two weeks (Fig. 3).



Fig 1

Carta ao Editor



Fig 2

We decided to communicate this case in support of those who are using these drugs in the treatment of non-melanoma skin cancer. We found no similar case but we may recommend trying the association of these two drugs when the surgery is not easy and risky.



Fig 3

REFERENCIE

1. Micali G, Lacarrubba F, Nasca MR, Ferraro S, Schwartz RA. Topical pharmacotherapy for skin cancer: part II. Clinical applications. *J Am Acad Dermatol.* 2014; 70:979.e1-12.