

Squamous Cell Carcinoma Masquerading as Skeeter Syndrome

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1. Clinical Image

Male patient in his twenties, presented to us with complaints of ulcerative lesion in the lower lip & right face from last 1 year which showed up after the bite by an insect. It was insidious in onset and gradually progressive to the current stage. Intermittent bleeding, pus discharge, trismus and left cheek swelling with altered speech are the symptoms in due course of disease. He has been applying Medrol oil since the beginning of ulcer. He visited us in view of no response to earlier treatment.

Clinical profile showed an erosive, ulcerated lesion confined to the both lips & extending towards the medial part of left cheek with fencing of edema. Lower alveolar tooth was found loose.

History & appearance opine the diagnosis of Skeeter syndrome by previous clinician. The progression of ulcer may be an allergic reaction to Medrol oil. Although gradual progression of the ulcer, & absence of systemic symptoms pointed against both diagnoses.

For histopathological confirmation, tissue was taken from the edge of the ulcer which surprisingly turned out to be moderately differentiated squamous cell carcinoma. The patient had not given any history of addiction. CECT revealed lysis of inferior & posterior wall of maxilla and outer surface of mandible with surrounding solid periosteal reaction of remaining part. He was planned for concurrent chemoradiotherapy in our tumor board.



Figure 1:



Figure 2:



Figure 3: