

## **Ocular squamous cell carcinoma: about a case**

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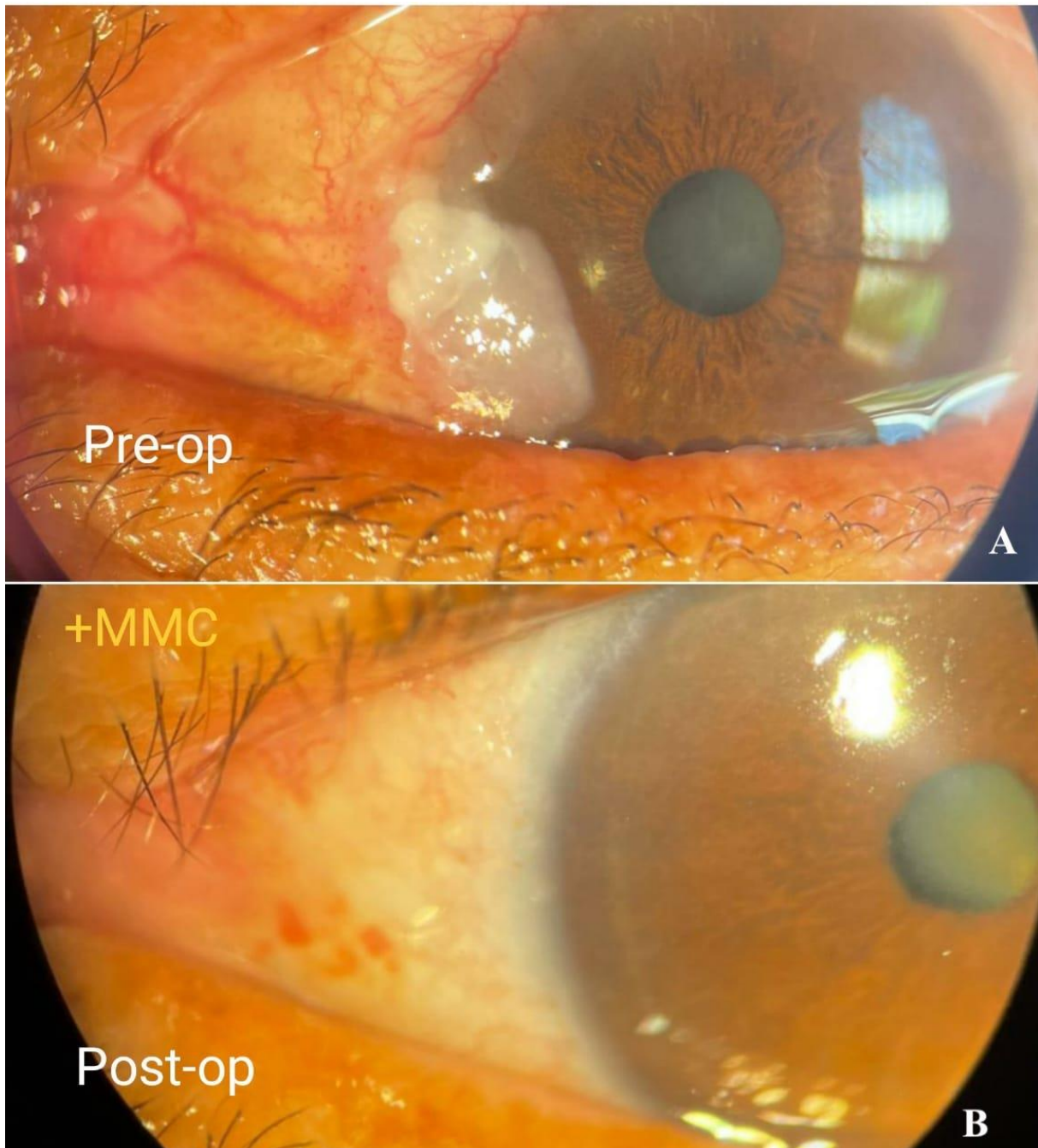
Date of Submission: 07-04-2023

Date of Acceptance: 20-04-2023

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### **I. Case Report:**

Ocular surface squamous neoplasia (OSSN) represents a varied spectrum of pathologies involving abnormal growth of dysplastic squamous epithelial cells on the ocular surface. This spectrum includes conjunctival intraepithelial neoplasia, squamous cell carcinoma and mucoepidermoid carcinoma. It is an infrequent and multifactorial disease. 95% of CIN lesions occur at the limbus, where the most actively mitotic cells reside. In case of squamous cell carcinoma, the conjunctival lesion tends to be immobile and more raised, the presence of a large feeder vessel is suggestive of epithelial basement membrane invasion, which corresponds to our case (Figure 1 a). Surgical management was done for our patient. Using a no touch technique, excision is done with at least a 4mm uninvolved conjunctival margin. Alcohol was then applied to the cornea to loosen the epithelium from the basement membrane. Cryotherapy was applied to the conjunctival edges. Sponge soaked with 0.02 % mitomycin-C (MMC) was applied to the subconjunctival surface at the edge of the surgical excision for 3 min. The MMC is never applied to the scleral bed. Adjunctive topical chemotherapy was not offered given the result of the histology which objectified healthy margins of excision. Histological examination found squamous cell carcinoma poorly differentiated. The evolution was marked by disappearance of the lesion and the regression of the feeder vessels. Corneal and conjunctival healing was achieved rapidly (Figure 1 b). Close monitoring is mandatory because recurrences are frequent even after years. The excision of OSSN combined with cryotherapy and intraoperative MMC is effective with low recurrence rate.



**Figure 1: Preoperative aspect showing a nonmobile gelatinous aspect with a broad feeding vessel (A). Postoperative aspect, after excision with intraoperative application of cryotherapy and Mitomycin C (MMC) (b)**

**Disclosure of interest:** The authors declare that they have no conflict of interest.

Rida El Hadiri, et. al. "Ocular squamous cell carcinoma: about a case." *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*, 22(4), 2023, pp. 44-45.