Spindle Cell Squamous Cell Carcinoma

Spindle Cell Squamous Cell Carcinoma *Downloaded from evoluir.abar.org.br by Ramos & Mcmahon*

UNDERSTANDING SPINDLE CELL SQUAMOUS CELL CARCINOMA: A RARE AND AGGRESSIVE SKIN CANCER

When we talk about skin cancer, most people are familiar with basal cell carcinoma or melanoma. However, there is a rare and particularly aggressive subtype that deserves more attention: **spindle cell squamous cell carcinoma**. This unusual malignancy presents unique challenges for both diagnosis and treatment, making it essential for patients and healthcare providers to understand its distinct characteristics. In this comprehensive guide, we will explore what spindle cell squamous cell carcinoma is, how it differs from other skin cancers, its risk factors, diagnostic methods, and the latest treatment approaches.

Spindle cell squamous cell carcinoma is a rare variant of squamous cell carcinoma that accounts for a small percentage of all cutaneous malignancies. What makes this particular cancer so noteworthy is its microscopic appearance—the cancer cells take on a long, thin, spindle-like shape rather than the typical round or polygonal appearance seen in conventional squamous cell carcinoma. This morphological difference can sometimes lead to misdiagnosis, as the spindle-shaped cells may resemble other types of soft tissue sarcomas or melanomas under the microscope.

WHAT EXACTLY IS SPINDLE CELL SQUAMOUS CELL CARCINOMA?

Spindle cell squamous cell carcinoma (SCSCC) is a poorly differentiated form of squamous cell carcinoma in which the malignant cells adopt a spindle-shaped morphology. The term "spindle cell" refers to the elongated, cigar-shaped appearance of the cells when viewed under a microscope. These cells are arranged in fascicles or bundles, which can create a whorled or storiform pattern that may closely mimic the appearance of a sarcoma.

Despite its sarcoma-like appearance, this cancer is of epithelial origin, meaning it arises from the squamous cells of the skin or mucous membranes. The spindle cell morphology represents a dedifferentiation process, where the cancer cells lose many of the typical features of squamous cells and adopt a more primitive, mesenchymal-like appearance. This transformation is what makes the diagnosis particularly challenging for pathologists.

Common Locations and Presentation

Spindle cell squamous cell carcinoma most frequently occurs on sun-exposed areas of the body, particularly the head and neck region, with the face, ears, scalp, and lips being common sites. However, it can also develop on the extremities, trunk, and even in mucosal sites such as the oral cavity, larynx, and esophagus. The lesions typically present as:

- A firm, nodular or plaque-like growth on the skin
- An ulcerated or crusted lesion that may bleed easily
- A rapidly enlarging mass that may be tender or painful
- A lesion with poorly defined borders, making it difficult to determine the extent of involvement
- Occasionally, a polypoid or fungating growth pattern

Unlike more common skin cancers, spindle cell squamous cell carcinoma tends to grow more aggressively and has a higher propensity for local recurrence and metastasis. This aggressive behavior underscores the importance of early detection and appropriate management.

RISK FACTORS AND CAUSES

The primary risk factors for developing spindle cell squamous cell carcinoma are similar to those for conventional squamous cell carcinoma, but there are some notable differences. The most significant risk factors include:

Ultraviolet Radiation Exposure

Chronic exposure to ultraviolet (UV) radiation from sunlight or tanning beds is the single most important risk factor. The cumulative damage from UV radiation leads to mutations in the DNA of skin cells, which can ultimately result in malignant transformation. Individuals with fair skin, light hair, and blue or green eyes are at particularly high risk due to their lower levels of protective melanin.

Immunosuppression

Patients who are immunocompromised—whether due to organ transplantation, HIV/AIDS, or immunosuppressive medications—have a significantly elevated risk of developing spindle cell squamous cell carcinoma. The immune system plays a crucial role in identifying and eliminating cancer cells, and when this surveillance mechanism is impaired, cancer can develop more readily.

Chronic Wounds and Scarring

Spindle cell squamous cell carcinoma has a well-documented association with chronic wounds, burn scars, and areas of chronic inflammation. This phenomenon, known as Marjolin's ulcer, describes the development of squamous cell carcinoma in sites of long-standing injury or scarring. The constant cycle of tissue damage and repair creates an environment conducive to genetic mutations and malignant transformation.

Human Papillomavirus Infection

Infection with high-risk strains of human papillomavirus (HPV), particularly HPV-16 and HPV-18, has been implicated in the development of squamous cell carcinomas, especially in mucosal sites. The viral proteins can interfere with normal cell cycle regulation, promoting uncontrolled cell growth.

Genetic Predisposition

Certain genetic conditions, such as epidermolysis bullosa, xeroderma pigmentosum, and oculocutaneous albinism, confer an increased risk of developing various forms of skin cancer, including spindle cell squamous cell carcinoma. These conditions often involve defects in DNA repair mechanisms or pigment production, leaving the skin more vulnerable to UV damage.

DIAGNOSTIC CHALLENGES AND METHODS

Diagnosing spindle cell squamous cell carcinoma requires a high index of suspicion and specialized pathological evaluation. The spindle cell morphology can mimic numerous other malignancies, including:

- Desmoplastic melanoma
- Atypical fibroxanthoma
- Malignant fibrous histiocytoma
- Leiomyosarcoma
- Angiosarcoma
- Malignant peripheral nerve sheath tumor

Histopathological Examination

The gold standard for diagnosis is a biopsy followed by histopathological examination. Under the microscope, the pathologist will observe elongated, spindle-shaped cells arranged in intersecting fascicles. The cells typically exhibit nuclear atypia, mitotic activity, and variable amounts of cytoplasm. In some areas, there may be evidence of squamous differentiation, such as keratin pearl formation or intercellular bridges, which can provide important clues to the epithelial origin of the tumor.

Immunohistochemistry

Immunohistochemical staining is essential for confirming the diagnosis and distinguishing spindle cell squamous cell carcinoma from other spindle cell malignancies. The tumor cells typically express cytokeratins, particularly high-molecular-weight cytokeratins such as CK5/6, CK14, and CK34βE12. They may also express p63 and p40, which are markers of squamous differentiation. In contrast to sarcomas, spindle cell squamous cell carcinoma is usually negative for markers such as desmin, smooth muscle actin, S100, and CD31.

Molecular Testing

In select cases, molecular testing may be employed to identify specific genetic alterations associated with the tumor. However, this is not routinely performed for diagnostic purposes and is more commonly used in research settings or when standard markers yield equivocal results.

TREATMENT APPROACHES AND PROGNOSIS

The management of spindle cell squamous cell carcinoma requires a multidisciplinary approach, with treatment tailored to the individual patient and the specific characteristics of the tumor. The primary treatment modalities include:

Surgical Excision

Complete surgical excision with clear margins remains the cornerstone of treatment for localized disease. Mohs micrographic surgery is particularly well-suited for spindle cell squamous cell carcinoma, as it allows for real-time assessment of surgical margins and maximal preservation of healthy tissue. For larger or more aggressive tumors, wide local excision with a margin of at least 5-10 mm may be recommended.

Radiation Therapy

Radiation therapy can be used as an adjuvant treatment following surgical resection, particularly in cases with positive margins, perineural invasion, or lymphovascular invasion. It may also be employed as a primary treatment modality for patients who are not surgical candidates or for tumors in anatomically challenging locations where complete resection would result in significant functional or cosmetic impairment.

Chemotherapy and Targeted Therapy

For advanced or metastatic disease, systemic therapy may be considered. Conventional chemotherapy agents such as cisplatin, 5-fluorouracil, and taxanes have been used with variable success. More recently, immunotherapy with checkpoint inhibitors—particularly those targeting the PD-1/PD-L1 pathway, such as pembrolizumab and cemiplimab—has shown promising results in treating advanced squamous cell carcinoma, including spindle cell variants.

Prognosis and Follow-Up

The prognosis for spindle cell squamous cell carcinoma depends on several factors, including tumor size, depth of invasion, presence of perineural invasion, lymph node involvement, and the patient's immune status. Overall, this variant carries a higher risk of local recurrence and metastasis compared to conventional squamous cell carcinoma. Five-year survival rates vary widely, ranging from approximately 40% to 80% depending on stage and other prognostic factors.

Regular follow-up is essential for monitoring for recurrence and managing any treatment-related side effects. Patients should be educated about self-examination and sun protection measures, as they remain at increased risk for developing additional skin cancers.

PREVENTION AND EARLY DETECTION

Preventing spindle cell squamous cell carcinoma begins with the same sun-safe behaviors recommended for preventing other forms of skin cancer. These include:

- Avoiding peak sun hours between 10 a.m. and 4 p.m.
- Wearing protective clothing, including wide-brimmed hats and UV-blocking sunglasses
- Applying broad-spectrum sunscreen with an SPF of at least 30 daily, and reapplying every two hours when outdoors
- Avoiding tanning beds and artificial UV sources
- Performing regular skin self-examinations to identify new or changing lesions
- Seeking prompt dermatological evaluation for any suspicious growths or non-healing sores

For individuals with a history of organ transplantation or chronic immunosuppression, regular dermatologic surveillance is critical. These patients may benefit from a proactive approach that includes full-body skin examinations every 6 to 12 months, along with patient education about the warning signs of skin cancer.

LIVING WITH SPINDLE CELL SQUAMOUS CELL CARCINOMA

A diagnosis of spindle cell squamous cell carcinoma can be life-altering, but many patients go on to achieve excellent outcomes with appropriate treatment. The journey often involves not only medical management but also emotional and psychological support. Connecting with support groups, working with a mental health professional, and maintaining open communication with the healthcare team can help patients navigate the challenges associated with this diagnosis.

Patients should also be aware of the importance of ongoing surveillance. Even after successful treatment, the risk of local recurrence or the development of new primary skin cancers persists. Adhering to a regular follow-up schedule and practicing vigilant sun protection can significantly improve long-term outcomes.

CONCLUSION

Spindle cell squamous cell carcinoma is a rare but clinically significant variant of squamous cell carcinoma that requires specialized diagnostic expertise and a comprehensive treatment approach. While its spindle cell morphology can make diagnosis challenging, advances in immunohistochemistry and molecular pathology have greatly improved our ability to identify this entity accurately. With aggressive surgical management, appropriate use of adjuvant therapies, and close follow-up, many patients can achieve favorable outcomes. As with all forms of skin cancer, prevention through sun protection and early detection through regular skin examinations remain our most powerful tools. For anyone concerned about a changing lesion on their skin, seeking prompt evaluation by a board-certified dermatologist is the first and most critical step toward effective treatment and peace of mind.