



## Difficulties in the management of huge squamous cell carcinomas of the nasal tip: a case report in a sub-Saharan setting

Difficultés rencontrées dans la prise en charge d'un énorme carcinome épidermoïde de la pointe nasale : à propos d'un cas en Afrique subsaharienne

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### Clinical Case

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**Mots-clés:** Rhinectomie totale, pointe nasale, carcinome épidermoïde, reconstruction, Afrique subsaharienne

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### ABSTRACT

A large proportion of malignancies of the external nose can be managed with limited resection and local reconstruction or, in some cases, radiotherapy. These tumors require thorough care from diagnostic suspicion and confirmation to surgical and/or oncologic treatment and rehabilitation. The patient was a 57-year-old male sheep keeper in the Far North Cameroon mountains, presenting with a volcano-shaped lesion on the nasal tip measuring 12 cm x 7cm, growing gradually over the last 5 years. Before his consultation, he underwent traditional medications and local dressings without any good results. We performed a biopsy two months after, and the histological analysis demonstrated a squamous cell carcinoma. The patient was scheduled for a total rhinectomy and radiotherapy after all. The surgery and oncologic treatment were successfully performed two months later due to the economic burden of such procedures. At the time this case was reported, there was no local recurrence, but the patient still needed a prosthesis for reconstruction. Increased awareness among both the general population and healthcare professionals regarding head and neck cancers may facilitate earlier access for patients to diagnostic and therapeutic procedures.

### RESUME

Les tumeurs malignes de la pyramide nasale nécessitent une prise en charge complète, depuis la suspicion et la confirmation du diagnostic jusqu'au traitement chirurgical et/ou oncologique, ainsi qu'à la reconstruction. Les difficultés de leur prise en charge sont dues aux retards diagnostiques et thérapeutiques. Le patient de 57 ans était éleveur de moutons. Il présentait une lésion de la pointe nasale, ulcéro-bourgeonnante, mesurant 12 cm x 7 cm, évoluant depuis cinq ans. La biopsie, effectuée deux mois après la consultation, et l'analyse histologique ont révélé un carcinome épidermoïde. Le patient a été programmé pour une rhinectomie totale et une radiothérapie. La chirurgie et le traitement oncologique ont été réalisés avec succès deux mois plus tard, en raison de la charge financière de telles procédures. Au moment où ce cas est rapporté, il n'y avait pas de récurrence locale, mais le patient était toujours en attente d'une épithèse nasale indisponible au Cameroun. Une sensibilisation accrue de la population générale et des professionnels de la santé aux cancers de la tête et du cou pourrait faciliter l'accès précoce des patients aux examens diagnostiques et aux traitements.

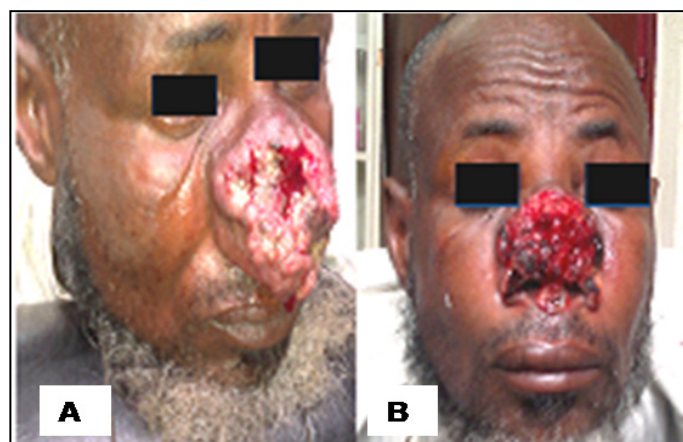
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## Introduction

Squamous cell carcinomas of the nasal skin are about 20-25% of nasal skin malignant tumors [1]. The majority of cases can be adequately treated with either limited surgical excision and reconstruction or radiotherapy. However, some tumors behave more aggressively and may require extensive surgery, in the form of rhinectomy, for adequate treatment [2]. The healthcare system should streamline the patients' course from clinical suspicion to diagnosis confirmation, surgical and/or oncologic treatment, and functional rehabilitation [3]. Several factors make the surgical, oncologic, and rehabilitation management of patients with head and neck cancers difficult. The authors reported the difficulties encountered in managing a case of a large nasal tip squamous cell carcinoma and reviewed the literature, emphasizing surgical techniques and appropriate reconstruction.

## Observation

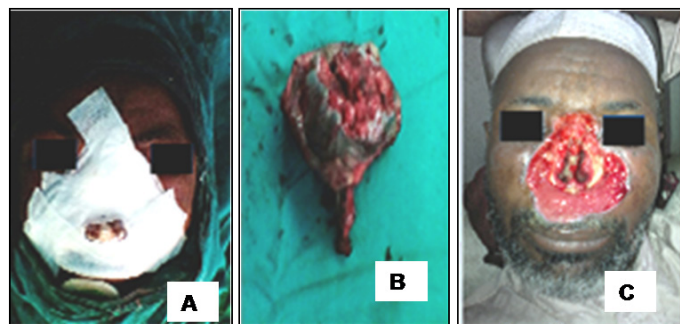
The patient was a 57-year-old male referred from the north of the country by his local doctor for a vast, foul-smelling nasal swelling. It was found that the lesion had begun to grow gradually over the last three years and had become a volcano-shaped lesion without pain. There was a history of exposure to sunlight, as the man was a shepherd. In addition, no similar symptoms were observed in his family history. The patient underwent traditional medications without any good results for these three years. The physical examination showed a volcano-shaped lesion of the nasal tip of 12 cm x 7cm with pus, worms, and local bleeding (Figure 1A). There were no abnormalities after pharynx and larynx examination. The rhinoscopy was normal. After conducting the necessary preoperative laboratory tests, the patient underwent two surgeries. The first surgery was an excision biopsy under local anesthesia (Figure 1B), the result of which demonstrated a mature squamous cell carcinoma.



**Figure 1:** Clinical patterns before (A) and after the biopsy (B)

The extension workup done was standard; the patient was classified T2N0M0 and scheduled for a total rhinectomy and radiotherapy after all. The second

operation was performed 2 months later due to the economic load of such procedures. Afterward, during the second operation, the lesion was completely removed under general anesthesia (figure 2).



**Figure 2:** Photographs of operative views showing the nasal tip wound dressing (A), the specimen measuring 13.5x8 cm (B), and the local aspect at day 10 (C).

Eventually, to continue the treatment, the patient was referred to undergo radiotherapy. In the past four months, skin examinations were performed, and no problems were noticed in this case. After 1 year of follow-up, local control was achieved, but the patient was still awaiting nasal tip reconstruction (Figure 3).



**Figure 3:** Photograph of the patient one year after surgery and radiotherapy showing a well-healed surgical site and permanent exposure of the pyriform hole.

## Discussion

Cancer care across sub-Saharan Africa (SSA) faces significant obstacles that affect early detection and effective treatment [4]. These challenges stem from a mix of patient-related, healthcare system, and disease-specific factors, as illustrated by our patient with a large squamous cell carcinoma on the nasal tip. Alternative medicine as a first-choice treatment significantly delays conventional treatment and reduces the survival rate [5,6].

Tere et al. report that 77% of cases were diagnosed at stage III/IV in Côte d'Ivoire [7]. Meanwhile, Mapoko et al. found that in Yaoundé, there was a delay in the first consultation, with many patients diagnosed at advanced stages (32.4% stage IIIB, 27% stage IV) [8]. Loum et al. observed that ENT cancers in

Senegal remain a significant burden, mainly due to late diagnosis and limited medical infrastructure [9].

Histological analysis, essential for confirming cancer diagnoses and assessing prognostic factors, is often delayed or hindered by a shortage of specialized pathologists, reagents, or adequate laboratory equipment [8]. Proper staging of advanced tumors frequently relies on complex tests to evaluate local and regional spread, but limited access to imaging—mainly due to high costs—remains a challenge. For example, in Benin in 2019, a CT scan could cost up to 200% of the minimum wage [10].

Recommendations from societies like SFORL and SFD highlight the necessity of histological margin examination during the removal of cutaneous squamous cell carcinoma [11]. These margins should ideally be checked intraoperatively to confirm complete excision. However, such intraoperative histopathological control can be challenging in resource-limited centers [12].

Diarra et al., studying complementary treatments for ENT cancers in Mali, reported that although chemoradiotherapy improves local control and survival, this therapeutic modality was rare and often concentrated in capital cities. The demand for radiotherapy far exceeded capacity, resulting in very long waiting times for treatment; access to chemotherapy protocols and targeted therapies was often hampered by costs and supply logistics [13].

Reconstruction of the surgical defect post-total rhinectomy is an essential aspect of care. Options include autologous flap reconstruction or nasal prosthesis [14]. Nasal prosthesis is the rehabilitation option of choice. The nasal prosthesis is made by a prosthetic technician who assesses the patient pre- and post-operatively. A medical-grade silicon mould is tailored to each patient to fit the defect 3 months postoperatively, allowing time for adequate soft tissue healing and contraction. The silicon prosthesis is retained in place by osseointegrated magnetic abutments. One advantage a nasal prosthesis offers over flap reconstruction is the option of interval removal, allowing clinical examination to rule out local recurrence of malignancy. Surgical autologous flap reconstruction is challenging post-TR because all three soft tissue layers, including skin, cartilage, and mucosa, are required for successful reconstruction. Septal reconstruction is then necessary for adequate support and cosmesis of the reconstructed flap [14].

## Conclusion

Increased awareness among both the general population and healthcare professionals regarding head and neck cancers may facilitate earlier access for patients to diagnostic and therapeutic procedures. Considering the objective of decreasing morbidity and improving quality of life, the overall management

of such a patient, from diagnosis to rehabilitation and social reintegration, determines medical and psychological success.

## Ethical considerations:

**Consent:** The patient gave his consent and authorized the use of the images and related information for this paper.

**Conflict of interest:** The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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**Author's contribution:** Conception: RCMB, YCAN, LCA. Design: RCMB, DME, Supervision: DME, FD, LRN, AN, Writing: RCMB. Critical Review: ECN, YCAN, LCA, YM.

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