EP-180

미골부 척추 통증주사 부위에서 발생하여 모소낭종으로 오인된 편평세포암

(Squamous Cell Carcinoma Arising at a Spinal Injection Site in the Coccygeal Region Mimicking Pilonidal Disease)

전남대학교

나희로, 최준호*

Purpose: Chronic wounds in the coccygeal region are often difficult to heal due to the deep intergluteal cleft, which creates a warm, moist environment with poor aeration and repeated mechanical irritation. The occurrence of skin cancer arising from a chronic wound after spinal injection in this region is extremely rare, and deep-seated masses located near the coccygeal bone may be misdiagnosed as pilonidal disease. We report a case of squamous cell carcinoma that developed in a chronic wound following spinal injection.

Methods: A 72-year-old woman presented with a non-healing lesion measuring 4 × 2 cm in the coccygeal area, accompanied by pus-like discharge and skin defect. Two years prior, the patient had undergone a spinal injection for pain associated with a herniated nucleus pulposus. Thereafter, she developed persistent pain and recurrent discharge at the injection site, which did not improve despite ongoing conservative treatment. Magnetic resonance imaging suggested a pilonidal cyst located above the periosteum of the coccyx. En bloc excision was performed, and histopathological examination revealed squamous cell carcinoma with a positive surgical margin. Positron emission tomography–computed tomography showed no distant metastasis but confirmed residual tumor at the surgical site. A wide excision with a 1-cm safety margin was subsequently performed.

Results: Adjuvant radiotherapy was administered to the surgical site. Radiation dermatitis developed but improved with conservative management. No evience of recurrence was observed during the 6-month follow-up period.

Conclusion: Squamous cell carcinoma should be included in the differential diagnosis of non-healing skin lesions in the coccygeal area following spinal injection.

Fig. 1. A 72-year-old woman presented with a 4 × 2 cm chronic wound in the coccygeal area following a spinal injection. (A) Preoperative photograph. (B) Magnetic resonance imaging showing a lesion in the coccygeal region initially diagnosed as a pilonidal cyst (red arrow). (C) Postoperative positron emission tomography–computed tomography demonstrating residual tumor at the surgical site (red arrow).

Fig. 2. Intraoperative photographs. (A) Preoperative design with a 1-cm safety margin. (B) The coccygeal region exposed after wide excision. (C) Immediate postoperative photograph.

Fig. 3. Postoperative photograph obtained 6 months after surgery. Radiation dermatitis developed but healed satisfactorily.