

EP-184

화상 반흔에서 발생한 편평세포암
절제와 반흔 구축 동시 교정 :
증례보고

(Removal of squamous cell carcinoma caused
by burn scars and concurrent scar revision
surgery - Case report)



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Purpose : Burn scars can lead to chronic skin complications, including malignant transformation such as squamous cell carcinoma (SCC). Managing both oncologic safety and functional limitations from scar contracture remains challenging. This study reports a case in which SCC arising from a long-standing burn scar was excised while simultaneously correcting scar contracture.

Methods : A 73-year-old female presented with a chronic abdominal burn scar sustained 50 years earlier. A progressive ulcerative lesion developed within the scar and biopsy confirmed squamous cell carcinoma. Surgical treatment consisted of wide excision of the tumor with intraoperative frozen biopsy to confirm clear margins. Reconstruction of the defect was performed using a bilobed local flap. In addition, a long-standing scar contracture measuring approximately 30x5 cm was released using zig-zag scar revision (Z-plasty).

Results : Complete excision of the carcinoma with negative margins was achieved. The bilobed flap provided stable coverage of the abdominal defect. Simultaneous scar contracture release improved abdominal tension and relieved associated discomfort. Postoperatively, the patient experienced resolution of pain and discharge, improved abdominal mobility, and satisfactory aesthetic outcomes. No complications were observed during the recovery period.

Conclusion : Simultaneous tumor excision and scar contracture release can effectively address both oncologic and functional problems in burn scar-associated SCC. Combined reconstruction using local flap coverage and scar revision may provide favorable functional and aesthetic outcomes.



Fig. 1. Photograph of the patient's abdominal area before surgery. A 30x5cm burn scar is observed horizontally, and squamous cell carcinoma is observed in the lower left abdomen.



Fig. 2. Photograph of the squamous cell carcinoma that was removed during surgery



Fig. 3. Photograph of the patient's abdomen one month after the surgery