

## Squamous Cell Carcinoma of the Eye in a Developing Community

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### Abstract

Squamous cell carcinoma of the eye is of worldwide distribution, both single and multiple cases being on record. Therefore, a series from the Igbo ethnic group in Nigeria is deemed to be worthy of documentation, using a histopathology data pool. For instance, with regard to the African axis, whereas Kenyan women constitute two-thirds of the cases, Nigerian Igbo women are barely half of the cohort.

**Keywords:** Eye; Conjunctiva; Squamous Cell Carcinoma; Age; Sex patterns

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### Introduction

Squamous cell carcinoma of the eye is of worldwide concern. A search of the literature revealed diverse reports from countries as far apart as Kenya [1], Japan [2], Poland [3], Italy [4], Germany [5], UK [6], and Australia [7]. Therefore, this paper deals with the Igbo ethnic group [8], which is mostly domiciled in the South Eastern part of Nigeria. The work was facilitated by the establishment of a histopathology data pool whose importance was canvassed by a Birmingham (UK) group [9].

### Investigation

From 1970, the Government of the Eastern Region of Nigeria established a histopathology reference laboratory that was headed by the author. Doctors were encouraged to use Request Forms in order to provide clinical data together with the formalin-fixed specimens. A personal copy was kept for every case. These archived materials are employed here as regards the eyes diagnosed as squamous cell carcinoma.

### Results

The tabular approach has been maintained.

Age	Male	Female	Total
< 30	2	2	4
31-40	8	4	12
41-50	8	2	10
51-60	4	5	9
61-70	6	1	7
71-80	3	1	4
81-90	3	1	4
91-100	1	0	1
Total	35	16	51

**Table 1:** Age and sex distribution patterns.

The youngest patient was aged 25 years while the oldest was reputed to be fully 100 years old.

Town	Cases
Enugu	34
Uburu	7
Aba	3
Onitsha	3
Uturu	2
Owerri	1
Umuahia	1
Total	51

**Table 2:** Distribution of the towns involved.

What stands out above is that the Presbyterian Joint Hospital situated in hinterland Uburu could send up to 9 cases. Whereas 22 cases consisted of the globe, the remaining 29 cases were conjunctival. Up to 17 cases were provisionally diagnosed correctly as squamous cell carcinoma, whereas a crop of them were called neoplasm, growth, tumor, cancer, or malignancy. Of interest especially are the 3 cases dubbed as melanoma as well as one called sebaceous cell carcinoma.

## Discussion

Beginning with the African axis, it is surprising that, from Kenya [1], recent studies were such that “two-thirds are women and about three-quarters are living with HIV.” While the present paper contains no hint on HIV, women were barely up to half of the men folk.

The youngest patient was aged 23 years. The surprise in the world was the USA report on squamous cell carcinoma in a 19-month-old girl with xeroderma pigmentosum [8].

To continue with pigmentation, the report from Poland [3] was of “a case of pigmented squamous cell carcinoma of the palpebral conjunctiva.” Incidentally, up to 3 Igbo specimens were so pigmented that the provisional diagnosis was melanoma.

Australian associates [10] reported eyelid sebaceous carcinoma masquerading as in situ squamous cell carcinoma. Also, up to 60 cases of this particular growth were documented in USA [11]. Here, one doctor alone supplied this form of cancer as the provisional diagnosis. Incidentally, according to Japanese authors [2], “It is important to consider the possibility of SCC in addition to sebaceous carcinoma when we see a patient with an eyelid lesion, even one which looks like a benign condition such as chronic conjunctivitis or chalazion.”

According to the Australian group [7], "Orbital exenteration may be required for control of the local disease". In the present investigation, such exenteration occurred up to 22 times, thereby almost equaling the 29 conjunctival cases.

In conclusion, the prominence of the Presbyterian Missionary Hospital cases is twofold. First, it reveals the contribution of foreigners to the Nigerian public health services. Secondly, it negates the doubt cast on the use of a reference laboratory by distant doctors [12]. Moreover, this has been trashed elsewhere [13,14].

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