

Keratoacanthoma of the Third External of the Lower Lid of the Od among an Adult Subject of Feminine Sex: About a Case to the General Hospital of Reference of Kindu and Magazine of the Literature

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Abstract

The authors return one of types of rare benign tumors, for the other speak of a shape of weak malignancy carcinoma epidermoid. It is about a patient aged of 32 years who consults for a tumorous lesion of the third external of the lower lid of the fast evolution OD (7 hours) appeared and steady since some months. To the macroscopic exam, there was a purplish budding lesion, circumscribed well limited of 2,5 cm on 2 cm, with a peripheral pad to the smooth surface and telangiectatic surrounding a central crater filled of corneal material, making evoke a keratoacanthoma, a biopsy excision has been achieved under local anesthesia with touching of the mitomycin and the exam of pathology confirms the diagnosis while putting in existence a tumor well limited nodular epithelial, of aspect crateriform with lateral spurs without proliferation epidermoid. The evolution in post operative was favorable without any recidivism after a receding of 2 years nor localization metastatic has been objectified. Let's note the excision made with the technique of double rope.

Keywords: *Keratoacanthoma; Lower Lid*

Introduction

Keratoacanthoma is a shape of weak malignancy carcinoma epidermoid.

Clinical Description

His/her/its clinical aspect is characteristic, in the shape of "Stuffed" Tomato appears as a smooth papule in the shape of dome, red and alike to Molluscum contagiosum, in some weeks the tumor can develop itself quickly, to reach 1 to 4 cm (Zoubeir HS, Rajac D University). The yearly impact of the illness is weak of 104 for 100,000 of unknown etiologies. All time one signals a frequency raised at the immuno-compromised and some case signalled to people of 3ème age. Keratoacanthoma can act as scorer for the syndrome of Muir-Torre result of a gene provoking a bad distribution of the mismatches of the DNA (www.em.consulte.com) [1].

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The medical treatment is possible consists to the administration of a local injection of 5-Fluoro-Uracil to associate to a treatment by acitretin (soriatane) R Per bone, other therapeutic means are possible (www.em.consulte.com) [2]. The hold in surgical charge by excision remains the advisable treatment (Zoubeir HS, Rajac D University Mohammed V) [2].



Figure 1: Drawn of the general hospital of reference of Kindu period before the surgical.



Figure 2: Drawn the general of reference of Kindu period after the surgical.

Discussions

1. Our clinical description of the tumor corresponds to the one made by (Zoubeir HS, Rajac D University Mohammed V) [1].
2. Our observation shows a mass of 2,5 cm on 2 cm while the literature speaks of a mass evolving from 1 cm to 4 cm this can explain itself that ours was to the phase of progression (Zoubeir HS, Rajac D University Mohammed V) [1].

3. The keratoacanthoma often appears at people of 3^{em} age and at the immunocompromised but by our big surprise our patient aged of 32 years whose biologic exams didn't reveal anything. (www.em.consulte.com) [1]. The other researchers prefer the medical treatment (www.em.consulte.com) [2] but we had succeeded with the surgical treatment (Zoubeir HS, Rajac D University Mohammed V) [2].
4. The continuous scientific controversy in the sense the benign tumor descended of the pilous structures, the diagnosis so much clinical (because of a fast growth and an aspect crateriform) that histological is often reminiscent of a shrewd tumor whereas it was about a strictly Benign tumor (www.em.consulte.com) [1] Last exchange for the WHO in 2018 it is about a carcinoma epidermoid to weak malignancy [3-8].

Conclusion

In manner of conclusion the keratoacanthoma is a carcinoma epidermoid to weak malignancy, a few rare but with a fast growth, the hold in precocious charge especially by surgical excision remained the advisable treatment.

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