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Case report

Saree Cancer – A Case Report

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ABSTRACT

Skin malignancy e.g. squamous cell carcinoma is commonest among all carcinomas in our Indian subcontinent. SAREE is a traditional Indian costume wore by rich, poor, urban or rural masses[7]. This costume fitted tightly along waist-line causes persistent irritation and eczemas like chronic dermatosis in this area. Waist dermatoses due to Saree can rarely present as malignancy[4]. Hence this case is reported as a rare case of malignancy arising from dermatosis. Sixty five years old elderly tribal women presented here with ulcerated growth like lesion on Lt. side of waist [Fig:1] which local doctors treated for one long year but without relief. On clinical examination it was a classic case of SCC (Squamous cell carcinoma) with everted margins and indurated base. Superficial inguinal nodes enlarged, tender and these responded to antibiotics. This patient was subjected to wide local excision plus skin grafting. Patient was followed up for 4 yrs without local recurrence.

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1. Introduction

Saree is a type of female costume very unique to Indian subcontinent. This includes an outer cloth either cotton, silk, nylon shiffon or synthetic fabric and inner skirt underneath which is tightly fitted to the waist by a thick cotton cord. This is a life time costume worn by Indian females. Persistent and long term use results in chronic friction/irritation in the region of waist which in turn leads to waist-dermatosis.

One study of 140 cases of waist-line lesions associated with saree wearing did not report any malignant change in these[1].

Dermatoses like allergic and non-allergic contact dermatitis[2] and dermatophytoses[3] are more commonly seen in bodyfolds and in areas where there is sweating and perspiration.

This waist dermatosis giving rise to malignancy is being reported here and "Saree Cancer" is the term used for this entity of Waist cancer.

2. Case Presentation

Sixty five years old elderly females from tribal-belt of this area was brought to our patient department with growth like lesion over Lt. side of waist since one year[Fig:1]. There was no history of local application of leaves, ointment or any herbal medicines. On direct questioning she gave history of tight wearing of saree for 50 years. To start with it was hyperpigmented thick area with occasional serous discharge. It gradually increased in size and recently the thin serous discharge changed to foul smelling exudates. It attained the present size of 8 cm x 5 cm with classic everted edges with thick indurated base. Bilateral discrete, firm mobile inguinal lymphadenopathy was seen. She was later on subjected to wide local excision with primary split thickness skin graft. The entire specimen was sent for histopathological examination.

Histopathology confirmed squamous cell carcinoma with tumor free resected margins. Groin nodes responded/resolved after antibiotic course. She was followed up for 4 yrs without recurrence.

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Figure 1. Shows ulcerated growth over left side of waist



3. Discussion

Saree is a type of female costume unique to Indian subcontinent. They wear a skirt underneath fastened securely to the waist by a cord. These tight garments induce various dermatosis along the waist-line in female patient[1]. Waist dermatoses due to saree can rarely present as malignancy[4]. A study conducted in India could not find any association with factors, which are commonly accompanied by flexural dermatosis[5] like diabetes, obesity and atopy[6].

Dermatoses giving rise to malignancy is rare. One study which reported 140 cases of waist line lesions associated with saree wearing did not report any malignant changes in these lesions[1].

Saree being traditional costume wore by all Indian females. Whether it is an ideal outfit for our climate is debatable[7].

Tightness a cord of saree (Cotton nada) giving rise to chronic itching/friction/irritation leads to this type of waist-line lesions. Hence use of broad belt instead of narrow, thick cord which will reduce the pressure over waist line which in turn will minimize the chances of malignancy[7].

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