TOPICAL MITOMYCIN C IN THE TREATMENT OF CONJUNCTIVAL SQUAMOUS CELL CARCINOMA ABOUT TWO CASES

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Introduction:-
Conjunctival tumors can arise from any point in the surface of this mucous membrane.

The limbus is a favorable area due to the presence of the limbal stem cells.

It is fact from this region that most of conjunctival squamous cell carcinomas, one of the most common tumors observed at the ocular surface.

It is to illustrate this observation that we propose to report this anatomo-clinical observations of such a tumor

Case Reports:
These are two male patients, aged 56 and 75, respectively, without notable diseases, who presented with an unilateral limbal conjunctival mass with a tumor size greater than 7 mm in both patients.

The macroscopic appearance was that of a budding conjunctival lesion, reddish vascularized in the first and whitish in the second patient

In both patients, the masses encroached on both the cornea and the limbal side of the conjunctiva.
First Patient: - Unilateral temporal conjunctival Tumor in the right eye.

Second Patient: - Unilateral nasal conjunctival tumor also in the right eye.

The remainder of the eye exam was normal. There was no palpable locoregional lymphadenopathy

All patients underwent an anatomopathological study, it was a conjunctival squamous cell carcinoma in both patients.
The excision was therefore performed under local anesthesia under an operating microscope allowing complete excision of the lesion. Detachment of the corneal area did not pose a problem because the integrity of Bowman's membrane made it possible to easily lift the tumor mass without pain or danger to corneal transparency. The conjunctival time facilitated by the lifting of the mucosa by the local injection of anesthetic, meanwhile, allowed easy cutting by taking a margin in the healthy conjunctival area around the tumor mass. It was the separation of the limbic adhesion, as always the most laborious, that was eventually overcome gradually by a section step by step flush with the ocular surface.

No patient died of their disease during the observation period.

The first patient presented with a relapse which required a second tumor resection

These results were obtained with a single cure of mitomycin C in the second case, and two cures in the first case.

Surgical excision with Topical Mitomycin C in the both patients

First case Result one week after surgery Second case

The preparation of Mitomycin C was done in hospital; 10mg of mitomycin is mixed with 10cc of saline serum, then 1cc of the mixture is diluted in 24cc of saline serum. By obtaining a 0.04% MMC solution; prescribed at the rate of 4 instillations per day for a week with a window of three weeks. Instillation is performed in a supine position with
pressure at the tear points for 5 minutes in order to prevent the gastrointestinal passage of mitomycin and to limit toxicity to the tear ducts.

No patient experienced lacrimal airway obstruction, conjunctival irritation, or systemic complications from mitomycin C.

No metastasis was recorded

**Discussion:**

Conjunctival squamous cell carcinoma is a tumor with preferential limbic location, part of OSSN (Ocular Surface Squamous Neoplasia)

His diagnosis is often underestimated which exposes to therapeutic delay

Its management remains a topical issue in particular the role of mitomycin C eye drops.

Treatment previously based on coupled surgery or no to cryotherapy has known, these last fifteen years, a revolution with the start of use topical antimitotics in exclusive or adjuvant treatment to surgery

The most widely used and studied is mitomycin C in eye drops which has demonstrated, through a multitude of series, its effectiveness in invasive carcinomas, whether it’s new cases or recurrences after treatment surgical

**Conclusion:**

The combination: surgical excision and topical mitomycin C, is an effective and harmless treatment of conjunctival squamous cell carcinoma.

However, more studies are needed to find the concentration and the optimal duration of this cure.

**References:**

1. Spencer WH. Conjunctiva. In Ophthalmic Pathology (4 e édition), WH Spencer éd.Philadelphie, WB Saunders, 1996,38-155.
2. F. D’Hermies, A. Meyer, X. Morel, M. Halhal, T.A, C. Elmaleh, Carcinome in situ de la conjonctive chez un patient porteur d’une maladie de Waldenström JFO mars 2001
3. Masanganise R, Magava. A. Orbital exenterations and squamous cell carcinoma of the conjunctiva at Sekuru Kaguvi Eyen Unit, Zimbabwe. Cent Afr J Med. 2001;47(8):196-199.
4. Keren Haas, MD; David Ben-Dor, MD; Shmuel Levartovsky, MD Treatment of conjunctival Corneal Intraepithelial Neoplasia With Topical Mitomycin C ArchOphthalmol. 1999;117(4):544-544
5. Chen C, Louis D, Dodd T, et al. Mitomycin C as an adjunct in the treatment of localised ocular surface squamous neoplasia. Br J Ophthalmol. 2004;88:17–18
6. Firoozeh Rahimi MD, Fateme Alipour MD, Hassan GH MD, et al. Topical MitomycinC for treatment of partially-excised ocular surface squamous neoplasia. Arch IranianMed 2009; 12(1):55-59.