A 53-year-old woman presented with a nonhealing wound on her right hand. The wound was a slowly progressing ulceration that had occurred after the patient had what was believed to be a wart removed by means of laser therapy approximately 1 year before presentation. The patient had no notable medical history, including no history of chronic inflammatory conditions. For the previous 6 months, she had received treatment with topical and systemic immunosuppressive medications, including oral glucocorticoids, for a clinical diagnosis of pyoderma gangrenosum, with no improvement. Examination of two punch-biopsy specimens from the edge of the ulcer revealed squamous-cell carcinoma. This common cancer is associated with risk factors including increasing age, light skin color, exposure to ultraviolet light, chronic immunosuppression, and exposure to ionizing radiation. The risk associated with ultraviolet radiation far exceeds that associated with other risk factors; it is dose-related and is higher in parts of the body exposed to the sun, especially parts of the head. The patient reported that she had worked for several years as a technical assistant performing mammography and that she had followed standard radiation precautions. The tumor was excised surgically but relapsed locally after 6 months; the relapse was followed by reexcision and radiation therapy.

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