Contents

REVIEW

10823 New insights into the interplay between intestinal flora and bile acids in inflammatory bowel disease
Zheng L

10840 Role of visfatin in obesity-induced insulin resistance
Abdalla MMI

MINIREVIEWS

10852 Hyperthermic intraperitoneal chemotherapy and colorectal cancer: From physiology to surgery

10862 New-onset diabetes secondary to acute pancreatitis: An update
Yu XQ, Zhu Q

10867 Ketosis-prone diabetes mellitus: A phenotype that hospitalists need to understand
Boike S, Mir M, Rauf I, Jama AB, Sunesara S, Mushtaq H, Khedr A, Nitesh J, Surani S, Khan SA

10873 2022 Monkeypox outbreak: Why is it a public health emergency of international concern? What can we do to control it?
Ren SY, Li J, Guo RD

ORIGINAL ARTICLE

Retrospective Cohort Study

10882 Clinical characteristics and prognosis of non-small cell lung cancer patients with liver metastasis: A population-based study

Retrospective Study

10896 Prevalence and risk factors for Candida esophagitis among human immunodeficiency virus-negative individuals
Chen YH, Jao TM, Shiue YL, Feng LJ, Hsu PI

10906 Prognostic impact of number of examined lymph nodes on survival of patients with appendiceal neuroendocrine tumors
Du R, Xiao JW

Observational Study

10921 Clinical and epidemiological features of ulcerative colitis patients in Sardinia, Italy: Results from a multicenter study
## Contents

**Clinical observation of laparoscopic cholecystectomy combined with endoscopic retrograde cholangiopancreatography or common bile duct lithotripsy**  
*Niu H, Liu F, Tian YB*  

**Prospective Study**

**10939**  
Patient reported outcome measures in anterior cruciate ligament rupture and reconstruction: The significance of outcome score prediction  
*Al-Dadah O, Shepstone L, Donell ST*

**SYSTEMATIC REVIEWS**

**10956**  
Body mass index and outcomes of patients with cardiogenic shock: A systematic review and meta-analysis  
*Tao WX, Qian GY, Li HD, Su F, Wang Z*

**META-ANALYSIS**

**10967**  
Impact of being underweight on peri-operative and post-operative outcomes of total knee or hip arthroplasty: A meta-analysis  
*Ma YP, Shen Q*

**10984**  
Branched-chain amino acids supplementation has beneficial effects on the progression of liver cirrhosis: A meta-analysis  
*Du JY, Shu L, Zhou YT, Zhang L*

**CASE REPORT**

**10997**  
Wells’ syndrome possibly caused by hematologic malignancy, influenza vaccination or ibrutinib: A case report  
*Šajn M, Luzar B, Zver S*

**11004**  
Giant cutaneous squamous cell carcinoma of the popliteal fossa skin: A case report  
*Wang K, Li Z, Chao SW, Wu XW*

**11010**  
Right time to detect urine iodine during papillary thyroid carcinoma diagnosis and treatment: A case report  
*Zhang SC, Yan CJ, Li YF, Cui T, Shen MP, Zhang JX*

**11016**  
Two novel mutations in the *VPS33B* gene in a Chinese patient with arthrogryposis, renal dysfunction and cholestasis syndrome 1: A case report  
*Yang H, Lin SZ, Guan SH, Wang WQ, Li JY, Yang GD, Zhang SL*

**11023**  
Effect of electroacupuncture for Pisa syndrome in Parkinson’s disease: A case report  
*Lu WJ, Fan JQ, Yan MY, Mukaeda K, Zhuang LX, Wang LL*

**11031**  
Neonatal Cri du chat syndrome with atypical facial appearance: A case report  
*Bai MM, Li W, Meng L, Sang YF, Cui YJ, Feng HY, Zong ZT, Zhang HB*

**11037**  
Complete colonic duplication presenting as hip fistula in an adult with pelvic malformation: A case report  
*Cai X, Bi JT, Zheng ZX, Liu YQ*
11044  Autoimmune encephalitis with posterior reversible encephalopathy syndrome: A case report  
Dai SJ, Yu QJ, Zhu XY, Shang QZ, Qu JB, Ai QL

11049  Hypophysitis induced by anti-programmed cell death protein 1 immunotherapy in non-small cell lung cancer: Three case reports  

11059  Different intraoperative decisions for undiagnosed paraganglioma: Two case reports  
Kang D, Kim BE, Hong M, Kim J, Jeong S, Lee S

11066  Hepatic steatosis with mass effect: A case report  

11074  Bone marrow metastatic neuroendocrine carcinoma with unknown primary site: A case report and review of the literature  
Shi XB, Dong WX, Jin FX

11082  Child with adenylosuccinate lyase deficiency caused by a novel complex heterozygous mutation in the ADSL gene: A case report  

11090  Recovery of brachial plexus injury after bronchopleural fistula closure surgery based on electrodiagnostic study: A case report and review of literature  
Go YI, Kim DS, Kim GW, Won YH, Park SH, Ko MH, Seo JH

11101  Severe *Klebsiella pneumoniae* pneumonia complicated by acute intra-abdominal multiple arterial thrombosis and bacterial embolism: A case report  
Bao XL, Tang N, Wang YZ

11111  Spontaneous bilateral femur neck fracture secondary to grand mal seizure: A case report  
Senocak E

11116  Favorable response after radiation therapy for intraductal papillary mucinous neoplasms manifesting as acute recurrent pancreatitis: A case report  
Harigai A, Kume K, Takahashi N, Omata S, Umezawa R, Jingu K, Masamune A

11122  Acute respiratory distress syndrome following multiple wasp stings treated with extracorporeal membrane oxygenation: A case report  
Cai ZY, Xu BP, Zhang WH, Peng HW, Xu Q, Yu HB, Chu QG, Zhou SS

11128  Morphological and electrophysiological changes of retina after different light damage in three patients: Three case reports  

11139  Perirectal epidermoid cyst in a patient with sacrococcygeal scoliosis and anal sinus: A case report  
Ji ZX, Yan S, Guo XC, Lin LF, Li Q, Yao Q, Wang D
## Contents

**Thrice Monthly Volume 10 Number 30 October 26, 2022**

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>11162</td>
<td>Longest survival with primary intracranial malignant melanoma: A case report and literature review</td>
<td>Wong TF, Chen YS, Zhang XH, Hu WM, Zhang XS, Lv YC, Huang DC, Deng ML, Chen ZP</td>
</tr>
<tr>
<td>11172</td>
<td>Spontaneous remission of hepatic myelopathy in a patient with alcoholic cirrhosis: A case report</td>
<td>Chang CY, Liu C, Duan FF, Zhai H, Song SS, Yang S</td>
</tr>
<tr>
<td>11178</td>
<td>Cauda equina syndrome caused by the application of DuraSeal™ in a microlaminectomy surgery: A case report</td>
<td>Yeh KL, Wu SH, Fuh CS, Huang YH, Chen CS, Wu SS</td>
</tr>
<tr>
<td>11185</td>
<td>Bioceramics utilization for the repair of internal resorption of the root: A case report</td>
<td>Riyahi AM</td>
</tr>
<tr>
<td>11198</td>
<td>Accidental esophageal intubation via a large type C congenital tracheoesophageal fistula: A case report</td>
<td>Hwang SM, Kim MJ, Kim S, Kim S</td>
</tr>
<tr>
<td>11204</td>
<td>Ventral hernia after high-intensity focused ultrasound ablation for uterine fibroids treatment: A case report</td>
<td>Park JW, Choi HY</td>
</tr>
</tbody>
</table>

**LETTER TO THE EDITOR**

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>11210</td>
<td>C-Reactive protein role in assessing COVID-19 deceased geriatrics and survivors of severe and critical illness</td>
<td>Nori W</td>
</tr>
</tbody>
</table>
ABOUT COVER
Editorial Board Member of World Journal of Clinical Cases, Rajeev Gurunath Redkar, FRCS, FRCS (Ed), FRCS (Gen Surg), MBBS, MCh, MS, Dean, Professor, Surgeon, Department of Pediatric Surgery, Lilavati Hospital and Research Centre, Mumbai 400050, Maharashtra, India. rajeev.redkar@gmail.com

AIMS AND SCOPE
The primary aim of World Journal of Clinical Cases (WJCC, World J Clin Cases) is to provide scholars and readers from various fields of clinical medicine with a platform to publish high-quality clinical research articles and communicate their research findings online.

WJCC mainly publishes articles reporting research results and findings obtained in the field of clinical medicine and covering a wide range of topics, including case control studies, retrospective cohort studies, retrospective studies, clinical trials studies, observational studies, prospective studies, randomized controlled trials, randomized clinical trials, systematic reviews, meta-analysis, and case reports.

INDEXING/ABSTRACTING
The WJCC is now abstracted and indexed in Science Citation Index Expanded (SCIE, also known as SciSearch®), Journal Citation Reports/Science Edition, Current Contents®/Clinical Medicine, PubMed, PubMed Central, Scopus, Reference Citation Analysis, China National Knowledge Infrastructure, China Science and Technology Journal Database, and Superstar Journals Database. The 2022 Edition of Journal Citation Reports® cites the 2021 impact factor (IF) for WJCC as 1.534; IF without journal self cites: 1.491; 5-year IF: 1.599; Journal Citation Indicator: 0.28; Ranking: 135 among 172 journals in medicine, general and internal; and Quartile category: Q4. The WJCC’s CiteScore for 2021 is 1.2 and Scopus CiteScore rank 2021: General Medicine is 443/826.

RESPONSIBLE EDITORS FOR THIS ISSUE
Production Editor: Ying-Yi Yuan; Production Department Director: Xu Gan; Editorial Office Director: Jin-Lei Wang.
Giant cutaneous squamous cell carcinoma of the popliteal fossa skin: A case report

Ke Wang, Zhen Li, Sheng-Wu Chao, Xiao-Wei Wu

Abstract

BACKGROUND
Cutaneous squamous cell carcinoma (cSCC) is a common malignant hyperplasia of the skin epithelium. However, cSCC progressing to giant squamous cell carcinoma of the popliteal fossa skin has not been reported. We used full-thickness skin graft from the lower left quadrant of the abdomen to reconstruct the popliteal fossa skin defect in our patient.

CASE SUMMARY
A 64-year-old woman presented with a 3-year history of a progressively enlarged integumentary tumor located on her left popliteal fossa, which was surgically treated. The resultant defect (15 cm × 25 cm) was repaired using full-thickness skin graft from the lower left quadrant of the abdomen.

CONCLUSION
Full-thickness skin graft is a good choice to repair popliteal fossa defect.

Key Words: Giant cutaneous squamous cell carcinoma; Popliteal fossa skin; Case report

©The Author(s) 2022. Published by Baishideng Publishing Group Inc. All rights reserved.
Core Tip: We report an exceedingly rare case of giant cutaneous squamous cell carcinoma (maximum diameter > 5 cm), which presented as skin invasion of the popliteal fossa that was excised with optimal clinical result.

Citation: Wang K, Li Z, Chao SW, Wu XW. Giant cutaneous squamous cell carcinoma of the popliteal fossa skin: A case report. *World J Clin Cases* 2022; 10(30): 11004-11009
URL: https://www.wjgnet.com/2307-8960/full/v10/i30/11004.htm
DOI: https://dx.doi.org/10.12998/wjcc.v10.i30.11004

INTRODUCTION
Cutaneous squamous cell carcinoma (cSCC) is a non-melanoma skin and keratinocyte cancer, accounting for 20% of all skin cancers, and it is the second most common cancer worldwide[1]. Unfortunately, cSCC is not included in the national cancer registry in the United States, which makes it difficult for us to know the exact morbidity and mortality in China. European data show that the age-standardized incidence of cSCC is 9 to 96 cases per 100000 male residents and 5 to 68 cases per 100000 female residents (2002-2007 estimate)[2-4]. Although cSCC is mostly a benign tumor, it can locally infiltrate and metastasize. The 10-year survival rate of patients with cSCC is over 90%, but when metastasis occurs, the survival rate drops sharply[5]. The frequency of lymph node metastasis is about 4%, and the mortality is close to 2%. Because of the high incidence of cSCC, it has a significant impact on the overall mortality[6]. Furthermore, most cSCCs can be completely removed by surgery. cSCC of the popliteal fossa skin, which is a very rare site, is closely related to the knee joint and important neurovascular system, posing a surgical challenge for reconstruction. Herein, we report an exceedingly rare case of giant cSCC (maximum diameter > 5 cm), which presented as skin invasion of the popliteal fossa that was excised with optimal clinical result.

CASE PRESENTATION

Chief complaints
Three-year history of pain and mobility problems due to a progressively enlarged integumentary tumor located on the left popliteal fossa.

History of present illness
In June 2020, a 64-year-old woman presented with a 3-year history of pain and mobility problems due to a progressively enlarged integumentary tumor located on her left popliteal fossa.

History of past illness
This patient had no history of chronic diseases, such as hypertension, hyperuricemia, hyperlipidemia, and coronary heart disease.

Personal and family history
The patient was a non-smoker and had no family history of cSCC.

Physical examination
Physical examination showed an erythematous, nodular, protruding, ulcerative, mainly necrotic, foul smelling, cauliflower-like, firm skin tumor measuring 15 cm × 20 cm on the left popliteal fossa (Figure 1A). However, no significant lymph node or distant metastases were identified.

Laboratory examinations
The laboratory results revealed that the level of squamous cell carcinoma antigen was 20 ng/mL, the C-reactive protein level was 15.5 mg/L, and the erythrocyte sedimentation rate was 42 mm/h. Other laboratory results were within the normal range.

Imaging examinations
Computed tomography showed that the tumor had infiltrated deep into the muscular layer of the left popliteal fossa, but not the skeletal layer (Figure 1B).
Wang K et al. Giant cSCC of the popliteal fossa skin

Figure 1 Before the surgery. A: A huge erythematous nodular ulcerative skin tumor, measuring approximately 15 cm × 20 cm, was located on the left popliteal fossa; B: Computed tomography scan of the popliteal fossa.

FINAL DIAGNOSIS
Giant cSCC of the popliteal fossa skin.

TREATMENT
After popliteal fossa tumor excision and skin grafting, the tumor was totally excised. The tumor infiltrated the muscular layer and a 4 cm margin of muscular tissue was excised with the tumor. The final surgical defect measured 15 cm × 25 cm (Figure 2A and B). The surgical defect was repaired with a full-thickness skin graft from the lower left quadrant of the abdomen.

OUTCOME AND FOLLOW-UP
After surgery, the patient’s condition significantly improved (Figure 2C and D). Hematoxylin and eosin-stained section of the surgical specimen revealed an invasive, infiltrative well-differentiated cSCC (Figure 3). The patient was discharged 1 mo after operation, and had no recurrence and good wound healing after surgery. The patient was followed for one year after surgery (Figure 2E), without recurrent symptoms.

DISCUSSION
Although most cSCC cases have a good prognosis after surgical resection[7], 3.7%-5.2% of patients have lymph node metastasis, and 1.5%-2.1% of patients die of cSCC[8]. Although these incidences are relatively low compared with those of many other malignant tumors, the absolute number of cSCC patients with lymph node metastasis is estimated to be 5604 to 12572 in the United States alone[9]. In addition, the estimated number of cSCC-related deaths per year is between 3932 and 8791, and its upper limit is close to the number of melanoma-related deaths per year. Thus, it is important to identify such aggressive cSCC cases in time, which can guide additional testing and treatment to improve the prognosis[7].

Old age, fair skin, long-term sun exposure, long-term immunosuppression, and previous skin cancer diagnosis are all important risk factors for cSCC[10]. In addition, long-term skin inflammation seems to contribute to the development of cSCC, such as chronic wound, ulcer, sinus tract, burn, or scar[11]. This patient developed cSCC mainly due to repeated skin ulceration, leading to local chronic inflammation and popliteal squamous cell carcinoma, which not only affects the functional recovery of knee joint but also increases the probability of malignant degeneration and the difficulty of popliteal defect reconstruction.
Figure 2 After extirpating the tumor, the final surgical defect on the left popliteal fossa measured 25 cm × 15 cm. A: The surgical defect in the left popliteal fossa was 25 cm long; B: The surgical defect in the left popliteal fossa was 15 cm wide; C: As seen on day 4 after reconstruction, the surgical defect on the left popliteal fossa was repaired by full-thickness skin grafting; D: Appearance of the full-thickness skin repair of the left popliteal fossa on day 15 after reconstruction; E: Appearance of the full-thickness skin repair of the left popliteal fossa at the 1-year follow-up.

Besides Bowen disease, keratoacanthoma (KA), and invariant cSCC classic variant described above, the pathological tissues of cSCC also have several types, such as fibroproliferative, spindle cell, keratolytic, pseudovascular, verrucous, wedge-shaped epithelioma, adenosquamous cell and neurotrophic cSCC[12]. Disordered maturation of atypical keratinocytes, single cell keratinization, nuclear pleomorphism, atypical mitosis, and multi-nucleated tumor cells appear in all epidermal layers, but the basal layer remains unchanged[13]. KA is a symmetrical keratinocyte hyperplasia with limited proliferation, and its central horn plug and epidermis extend to the tumor. Histologically, invasive cSCC is characterized by atypical and abnormal keratinocytes, hyperchromic and pleomorphic nuclei, and atypical mitotic cells. Well-differentiated cSCC usually has horny pearls and single cell keratinization, while poorly differentiated cSCC usually lacks keratinization, and has many atypical mitoses and mixed inflammatory infiltration.

Pathological examination showed numerous squamous cells with keratosis and mitotic infiltration [13]. Considering that it was invasive cSCC with keratosis and no lymph node metastasis was found in our case, we performed surgery for complete tumor resection and skin grafting, and advised the patient to undergo regular postoperative reexamination.

The resection of cSCC at the popliteal fossa involves joint movement and numerous blood vessels and nerves. Therefore, it is critical to protect the important neurovascular system and prevent secondary scar contraction based on extensive activities of the popliteal fossa, which may be manifested as external aesthetic distortion and popliteal fossa retraction, thus seriously damaging the shape and function[14]. We chose a full-thickness skin graft from the lower left quadrant of the abdomen to repair the popliteal fossa defect. Full-thickness skin graft can survive on fresh sterile wounds or infected granulation wounds due to its characteristics of thin skin and strong vitality[15]. Additionally, the donor area is scar-free and cannot be easily infected[16]. In the present case, the patient could perform normal daily activities, without severe postoperative pain or any complications. Therefore, full-thickness skin repair is suitable for patients with popliteal cSCC who need extensive tumor resection, with fewer complications and faster postoperative recovery.

CONCLUSION

Full-thickness skin graft is a good alternative for the repair of popliteal fossa defects.
Figure 3 Photomicrographs of the tumor. A: Scattered squamous cells with dyskeratosis and mitotic infiltrates (H&E staining, 40 × magnification); B: Numerous squamous cells with dyskeratosis and mitotic infiltrates (H&E staining, 100 × magnification); C: Squamous cells in the periphery of the tumor (H&E staining, 400 × magnification).

FOOTNOTES

Author contributions: Wang K and Li Z collected the clinical data and drafted the manuscript; Wu XW formulated the clinical treatment programs and guided the manuscript preparation; Chao SW participated in the clinical treatment; all authors read and approved the final manuscript.

Informed consent statement: Informed written consent was obtained from the patient for the publication of this report and any accompanying images.

Conflict-of-interest statement: The authors declare that they have no conflict of interest to disclose.

CARE Checklist (2016) statement: The authors have read the CARE Checklist (2016), and the manuscript was prepared and revised according to the CARE Checklist (2016).

Open-Access: This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: https://creativecommons.org/Licenses/by-nc/4.0/

Country/Territory of origin: China

ORCID number: Ke Wang 0000-0002-4432-7334; Zhen Li 0000-0002-2940-6464; Sheng-Wu Chao 0000-0002-4612-2359; Xiao-Wei Wu 0000-0002-6405-8637.

S-Editor: Chen YL
L-Editor: Wang TQ
P-Editor: Chen YL
REFERENCES


