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Skin cancer at median sternotomy scar

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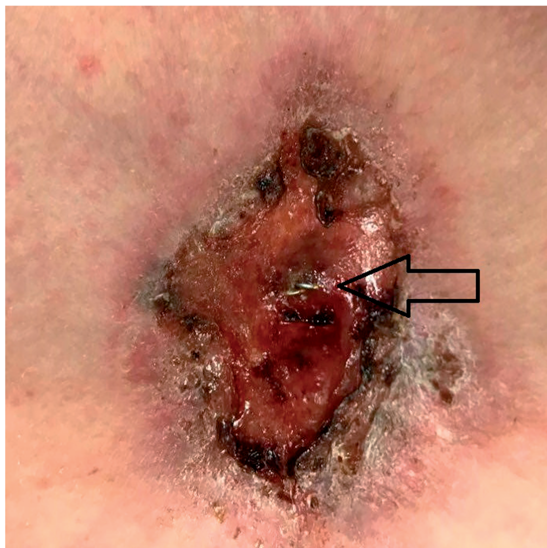

Figure 1. Ulcerated wound around the sternal wires twist (arrow).

A 69-year-old patient who underwent coronary artery bypass grafting (CABG) 10 years prior, presented with a sternal wire protruding through the skin in the middle of the sternotomy scar (Figure 1). The area surrounding the wound was inflamed and was initially treated with local therapy and antibiotics. A CT scan confirmed the absence of osteomyelitis. Despite this, there remained a persistent suspected nidus of infection with chronic ulceration, and thus excision was indicated.

Excision of the infected area was performed, and the two underlying wires were completely removed. The specimen was sent to microbiology for culture as well as pathology for histopathological examination.

A heavy growth of *Staphylococcus aureus* was identified on culture, and histopathology revealed a basal cell carcinoma (Figure 2). The patient was subsequently referred to Medical Oncology for management.

Although malignancies of scar tissues including median sternotomy are rare, its transformation should be suspected in patients presenting late after surgery with unusual localized wounds. For those patients, wide local excision of the suspicious infected areas with histopathologic examination is recommended.

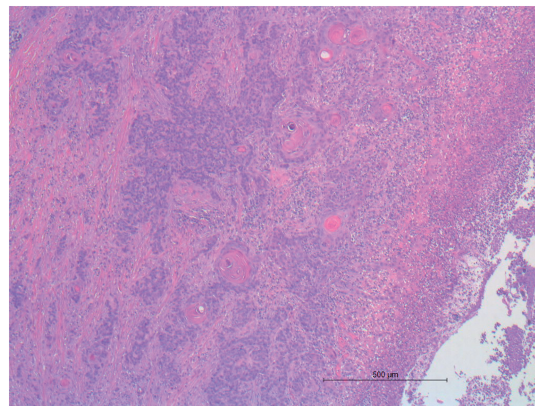

Figure 2. Histopathology of excised wound revealed basal cell carcinoma, with nodular and micronodular components, and basosquamous infiltration with ulceration and positive margins.

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Informed consent

Not applicable.

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