Chronic allergic contact dermatitis promotes skin cancer

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Allergic contact dermatitis (ACD) is well recognized as an adverse event associated with implantable medical devices that contain allergenic materials like nickel; however, other cutaneous consequences of chronic exposure to allergens in implanted devices are not well understood. Here, we present a clinical case of Marjolin’s ulcer, an invasive squamous cell carcinoma (SCC) that developed in response to chronic ACD caused by an orthopedic implant. We used a standard murine model of contact hypersensitivity to determine whether chronic ACD promotes skin carcinogenesis. Chronic application of 1-fluoro-2,4-dinitrobenzene (DNFB) to carcinogen-treated skin led to the development of papillomas and aggressive SCC. DNFB-driven chronic ACD was marked by type 2 inflammation, which mediated skin carcinogenesis, as mice unable to mount an inflammatory response were less likely to develop skin tumors. Importantly, we found similar tumor-promoting inflammation surrounding the SCC in our patient. Our findings demonstrate that chronic ACD caused by constant exposure to an allergen can promote tumorigenesis at skin sites with preexisting cancer-initiated cells. Moreover, our results suggest that patients with implantable devices placed in close proximity to the skin should be monitored for ACD and highlight the importance of patch testing prior to the placement of such devices.
susceptibility, mice do not respond to nickel, and we therefore studied hapten-induced contact hypersensitivity, which induces similar inflammatory responses (Figure 1D and refs. 9, 10). First, we exposed a group of age-matched female FVB mice to acetone (carrier) or 1-fluoro-2,4-dinitrobenzene (DNFB) on their abdomen at day 0. One week later, their back skin was treated with a single dose of 7,12-dimethylbenz(a)anthracene (DMBA), a commonly used carcinogen that mimics the cancer-initiating effect of sun exposure (11–13). The following week, the animals were randomized for surgical wounding and placed into 1 of the following 3 groups: (a) acetone (carrier) treatment plus surgical wounding; (b) DNFB treatment; or (c) DNFB treatment plus surgical wounding. After surgical incision, suture placement, and the first topical treatment, the animals were treated every 2 to 3 days with DNFB or acetone for 14 weeks and followed for an additional 9 weeks (Figure 1D). Animals receiving DNFB developed skin tumors with a short latency (*\( P < 0.001 \) by log-rank test) and increasing tumor counts over time (*\( P < 0.05 \) starting from week 7 by Student’s \( t \) test). No skin tumors developed in the acetone-treated group, despite carcinogen exposure. Age-matched FVB female mice were used in this study; \( n = 6 \) per group.

To determine whether DNFB-induced chronic ACD results in a tumor-promoting environment, we analyzed the dorsal skin of animals treated with DNFB versus acetone at the end of the chronic allergen treatment period (Figure 1D). The DNFB-treated skin showed marked epidermal hyperplasia, with dense dermal inflammation compared with that of the acetone-treated controls (Figure 2A). Chronic ACD in our animals was associated with a Th2-dominant immune response, characterized by abundant production of IL4 but not IFN\( \gamma \) (Figure 2B and refs. 14, 15). This is consistent with previous studies demonstrating the switch from type 1 inflammation in acute ACD to type 2 in the chronic phase (7, 8). In addition, the DNFB-treated skin expressed significantly higher levels of IL6 compared with levels detected in the acetone-treated controls (Figure 2C and ref. 16). In addition to CD4\(^+\) T cells, the number of mast cells, alternatively activated (M2) macrophages (F4/80\(^+\)CD206\(^+\)), and blood vessels was markedly increased upon chronic DNFB treatment (Figure 2D and Supplemental Figure 3).

Each of these factors has been implicated in tumor promotion (14, 17, 18). Therefore, chronic ACD results in the critical elements of a tumor-promoting inflammatory environment in the skin.

To confirm that the tumor-promoting effect of DNFB is driven by chronic ACD and not by a direct effect of the chemical on keratinocytes (tissue source of the tumor) (19), we studied Rag1\(^{-/-}\) (Rag-KO) and Rag2\(^{-/-}\), \( \gamma c^{-/-} \) (Rag-c-KO) animals (Figure 1D) that lack adaptive and innate immune cells implicated in the induction of ACD (20, 21). Although WT, Rag-KO, and Rag-c-KO animals showed a similar degree of hair loss and skin irritation in response to DNFB (Supplemental Figure 4), Rag-KO and Rag-c-KO animals developed significantly less inflammation in response to chronic DNFB treatment (Supplemental Figure 5A). Likewise, Rag-KO
and Rag-c-KO animals treated with DNFB failed to develop any significant epidermal hyperplasia, accumulation of mast cells, M2 macrophages, or blood vessels in their skin compared with what we observed in the DNFB-treated WT animals (Supplemental Figure 5). Importantly, Rag-KO and Rag-c-KO animals treated with DNFB and surgical wounding showed a significantly lower propensity for skin tumor development compared with their age-matched WT animals on a C57BL/6 genetic background (P < 0.01, Figure 2, E and F). These findings demonstrate that chronic exposure to a hapten-producing allergen induces tumor-promoting inflammation in the skin.

Finally, we examined the immune environment of the SCC that developed in our clinical case. A dense dermal inflammation was present, surrounding the focus of skin cancer, which was dominated by Th2 cells with characteristic expression of GATA3 but not T-bet (Figure 3A). In addition, the other cellular hallmarks of the tumor-promoting chronic ACD environment were present in the patient’s lesional skin, as shown by a marked increase in blood vessels, M2 macrophages, and mast cells (Figure 3, B and C, and Supplemental Figures 6 and 7). Importantly, the inflammation was not confined to the local environment of the SCC and extended with similar intensity into the cancer-free margins of the excision (Figure 3C and Supplemental Figure 7). These features strongly suggest that the patient’s inflammation was the driver of the carcinogenesis and not secondary or reactive to cancer development itself.

Our findings provide clear evidence for the tumor-promoting property of chronic ACD. Chronic ACD can thus lead to the development of Marjolin’s ulcer–like invasive SCC in areas where a significant burden of cancer-initiated cells is present (i.e., sun-sor carcinogen-exposed skin). The chronic nature of ACD caused by implantable devices that are placed adjacent to sun-exposed skin can thus provide this “perfect storm,” as seen in our clinical patient. Although rare, the morbidity and mortality associated with such aggressive cancers highlight the importance of skin-patch testing prior to the placement of implantable devices, especially in patients with known metal allergies (22).

Interestingly, skin cancer development in the context of metal allergy has also been observed with metal dental restorations (23, 24). In addition, there are multiple clinical case reports of SCC development in tattoos, and ACD due to metals used in tattoo dyes.
has been reported to precede the development of such cancers (25, 26). Our findings provide a mechanistic explanation for skin cancer development in these clinical contexts. Taken together, our study describes the mechanism of a severe adverse event associated with implantable materials and calls for close monitoring of patients receiving these implants to avoid chronic ACD and the possibility of developing SCC.

Methods
Patient samples. The initial punch biopsy of the SCC and the completely excised lesion with clear margins were fixed in formalin and embedded in paraffin. H&E staining was performed using Tissue-Tek Prisma Stainer (Sakura Finetek USA). Formalin-fixed, paraffin-embedded tissue sections (4-µm) were immunostained using a Ventana ULTRA automated immunostainer (Ventana Medical Systems).

Statistics. To test the significance between study groups, we used a log-rank test for tumor onset and survival data and a 2-tailed Student’s t test for tumor counts and other quantitative measurements. A P value of less than 0.05 was considered statistically significant. All bar graphs show the mean ± SD.

Study approval. The clinical study was approved by the IRB of Washington University, and written informed consent was obtained to publish the patient’s photographs and study her skin cancer. All animal studies were approved by the IACUC of Washington University.

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